VS A15 (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12563

CERTIFICATE OF DEATH

12519

					Keg. Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (V	Where deceased lived. If instituti	
	erick	MARYLAND	Md	b. COUNTY	Frederick
b. CITY OR TOWN	(If autside carporate limits, write	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (IF	f outside corporate limits, write R	
RURAL and give r	indale	30 yr	Mountainda	le. Fredk.	R.D.3
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, give stree	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	George Ed	Middle Ba	aker	4. DATE OF NOV. IO	
s. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
Male	White WIDOW	VED DIVORCED	June I3.	1891 lost birthdoy) of yrs.	Months Doys Hours Min.
. USUAL OCCUPATI	ION (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	rking life, even if retired)		Penna.		U.S.A
Laborer 3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	000011
Torob	Dalas		Tone	E. Dilled	
Jacob WAS DECEASED EV	Baker ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO	Jane		fress
Yes, no. or unknown)	(If yes, give war or dates of service)				
WWWI			Loria I.Bak	cer. Frederic	
	ATH [Enter only one cause per	ine for (o), (b), and (c).]	00	Λ Λ	INTERVAL BETWEEN ONSET AND DEATH
PART I. DE.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	teant dead	so hr	. Valvular	. 5 une
421.4	DUE TO				U
Conditions, if	one which)				
gove rise to	immediate				
couse (o), sloting					
lying couse lost.	, (0)				THE WAS AUTOROV
PART II. OI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5					YES NO []
PART II. OT 20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING 20b. DE G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	n Port I or Parl II of item 18.)	
		INJURY OCCUPATED 20- PI	ACE OF INJURY (Home, fo	206 (City or town)	(County) (State)
20c. TIME OF INJU Hour o. m. p. m.	While	t-	ctory, street, office bldg., e		(County) (State)
p. m.		ork ol work			
21. I certify t	hat I attended the decea	sed fram Novig-	19.57.8° P	150.9- 1959	Ithat I last saw the deceased
alive an no	7.9- 19		occurred at 8 P		nd on the date stated above.
dilite dil 1122	, · C	, and man deam	r occorred di	ADDRESS (Street, city or town,	
ACTUAL (* 4		Thurn	nont Md	דד די בר
SIGNATURE	James 1 1 1000	4-	M.D		11-15-27
PHYSICIAN'S NAME (Type)	James K.Gray	0			
20. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	or county) (State)
REMOVAL (Specify	" II-I3-59	Lewistown C	em.	Lewistown	. Fredk. Co. Mc
FUNERAL DIRECTO	270- 273	ADDRESS		C'D 8Y REGISTRAR 24b. REG	ISTRAR'S SIGNATURE
Raymond	and a many	Thurmo	MA 364		-1 - 0 5
THE STATE OF THE	n. or oaker	T TI OL MIL	DAIL DAIL	NOV 1 6 '59 C.	Thun & Traces

The course of th The second of th BILLE, I. R. Stronger, and St. A. Brostelle G. B. T. St. S. B. J. L. E. B. J. J. E. B. J. J. E. S. S. S. S. S. .med mreselyn Pa-CI-II. Inbeni . Bo w hords . mestralite

VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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202	CERTIFICATE	OF	DEATH
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12520

1. PLACE OF DEATH a. COUNTY									
	ederick		MARYLAND	2. USUAL RESIDENCE O. STATE	E (Where deceased	b. COUNTY			an)
b. CITY OR TOWN RURAL and give I	(If outside carporate limit	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If autside carpo	rate limits, write f	RURAL and give	e riegrest town)
Emm	itsburg.			Rural	Fair:	field,	75	x -3	
d. NAME OF HOSPI OR INSTITUTION				d. STREET ADDRE		110			FARM?
	De Paul	Stre	e e t		R.D.	#2		YES 🔀	ио 🗆
3. NAME OF DECEASED (Type or print)	Marguer:	ite	Middle Caroline	Bialecki	4. DATE OF DEATH	Novemb			ear 9 59
5. SEX		7. MARRI	ED T NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UNDE	
Female	White	WIDOWE	D DIVORCED	Dec. 19,	1909	49 yrs.	Manths De	bys Hours	Min.
during most of wo	rking life, even if retired)	Jane 10b. I	CIND OF BUSINESS OR INDU					EN OF WHAT	COUNTRY
Nurs 13. FATHER'S NAME	8			14. MOTHER'S MAI	County,	remma.	Uei	S.A.	
	James H. H	BOWTE			Pecher				
	ER IN U. S. ARMED FOR	0/		INFORMANT	1 actiet.	Add	ress		
(Yes, no, or unknown)	(If yes, give war or dates of se	rvice)	96-18-5424	inthe G	Bill	Dr.	11633		
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	M	erhue of	Much	ver -	4	du	ONSET AND	DEATH
	immediate DUE TO (c) HER SIGNIFICANT CONI AS UNDERLYING	The DITIONS CO	ONTRIBUTING TO DEATH BUT	D. (Enter nature of inju	ry in Part I ar Part	t II of item 18.)		PERFO YES	NO (4
Canditians, if a gave rise to cause (a), storing lying cause last. PART II. OI 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a, p. m. 21. I certify t alive on	any, which immediate the under- the under- HER SIGNIFICANT CONI AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	The DITIONS CO. 20b. DESC. or 20d. IN While of work	RIBE HOW INJURY OCCURRED JURY OCCURRED Not while of work d from. May		ry in Part I ar Part , farm, 20f. (City , etc.)	or tawn)	(Cou	(a) 19. WAS / PERFOYES vinty) st saw the date state	(Slate) deceased
Conditions, if a gave rise to cause (a), stating lying cause last. PART II. OI 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Haur a, p, m. 21. I certify to alive on	any, which immediate the under- (c) HER SIGNIFICANT CONI AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year	DITIONS CO 20b. DESC 20b. DESC or 20d. IN While of work decease	RIBE HOW INJURY OCCURRED JURY OCCURRED Not while of work d from.	D. (Enter nature of injunction) ACE OF INJURY (Hame clary, street, affice bldg of the control o	ry in Part I ar Part , farm, 20f. (City , etc.)	or tawn) or tawn) or tawn) or tawn, or tawn, or the causes ((Cou	(a) 19. WAS / PERFOYES vinty) st saw the date state	(Slate)
Canditians, if gave rise to cause (a), stating lying cause last. PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 200. TIME OF INJU Haur a. p. m. 21. I certify to alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIK REMOVAL (Specify Lal.)	Dr. W. R. Cs. Ony, which immediate the under- the under-the under- the under-the	DITIONS CO. 20b. DESC. 1 20d. IN While of work decease 122	RIBE HOW INJURY OCCURRED JURY OCCURRED Not while of work d from.	D. (Enter nature of injunction) ACE OF INJURY (Hame clary, street, affice bldg of a coccurred at	ry in Part I ar Part , farm, 20f. (City , etc.) Above ADDRESS (S) LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	or tawn) or tawn) or tawn) or tawn, or tawn, or the causes (,that I last and on the state)	(a) 19. WAS JPERFO YES DIMINITY) st saw the date state DA (State	(State) deceased above
Conditions, if a gave rise to cause (a), stotely lying cause last. PART II. OT PART III. OT PART II. OT P	Dr. W. R. Cs. Ony, which immediate the under- the under-the under- the under-the	DITIONS CO 20b. DESC 20b. DESC or 20d. IN While of work decease 1922	RIBE HOW INJURY OCCURRED JURY OCCURRED Not white of work A from A according to the control of	ACE OF INJURY (Hame ctary, street, affice bldg of occurred at) M.D	ry in Part I ar Part , farm, 20f. (City , etc.) Above ADDRESS (S) LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	or tawn) or tawn) or tawn) or the causes of the causes	,that I last and on the state)	(a) 19. WAS JPERFO YES DAME of the state of	(State) deceased dispose TE SIGNED

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P. A. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTIEICATE OF DEATH

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		32	CERTIFIC	AIL OI DEAI	• •		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY Free	derick		MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick						sion)
b, CITY OR TOWN (I RURAL and give ne Prederic		its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neared frequency fr					arest tow	n)
OR INSTITUTION	AL (If not in hospitol, or Memorial.			d. STREET ADDRESS 314 Park Avenue				ONA		SIDENCE A FARM? NO 2
3. NAME OF DECEASED (Type or print)	F; HARF	rst CY	Middle CALVIN	BOPST	4. DATE OF DEATH	Mon No:	n vembe		0	Yeor 19 59
s. sex Male	6. COLOR OR RACE White		RIED NEVER MARRIED	5 June 1882		9. AGE (In years last birthday) yrs.	Months Months	R 1 YEAR	Hours	ER 24 HRS. Min.
	king life, even if retired) _	kind of Business or indirect rush Company	Frederick 14. MOTHER'S MAIDEN	, Mary			JSA	OF WHAT	COUNTRY
John C. H	Bopst	-11		Georgetta		augh				
NO	R IN U. S. ARMED FOR (If yes, give wor or dates of	(assissa)		s. Hallie V.	Nikirk	719 M	otter rick,	Av.	e.,	
	ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (C		ne for (a), (b), and (c).	Thromp	losi	•			SET AND	
Conditions, if or gove rise to it couse (o), stoting lying couse lost.	m mediate the under-)	arters 50	lerosis				5	7.3	+
SAIR	HER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(0)	PERFC	AUTOPSY ORMED? NO [3]
	S UNDERLYING CONTROL CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Por	t II of item 18.)				in the

20f. (City or town)

(Stote)

MEDICAL o. m

Not while of work of work

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

(County)

21. I certify that I offended the deceased from how

and that death occurred at 9:55Å M, from the couses and on the date stated above.

ACTUAL

228 N. Market St.

DATE SIGNED 19 Nov 1959

PHYSICIAN'S NAME (Type)

B. O. Thomas, M. D.

Frederick, Md.

 =		-	=	=	=	=	=
 -	_	-	-	-	-	**	-
					19	Çe.	n

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryland

220. BURIAL, CREMATION, 22b. DATE THEREOF BUT 181 (Specify) 11-21-59

22c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery 22d. LOCATION (City, town, or county) Frederick, Maryland

ADDRESS (Street, city or town, state)

240. REC'D BY REGISTRAR DATE NOV 2 3 '59

24b. REGISTRAR'S SIGNATURE Culling S. Krans

VS A15 (4) 15M 9/SS

TO FUNERAL DI

TO HOSPITAL

page 3 should be detoched for use as the buriol-transit

the registrar prior to buriol, cremation,

requires that the death certificate be executed within 24 hours after death. Page 4

hos been signed by the ottending physician and completely filled

or removal, and in any event within 72 hours ofter death

BYT OF MEAUTH—ILAUTIMORE, THE	D STATE DEPARTME	MARKAN
HE OF DEATH	CERTIFICA	12532
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led in b			NAME OF DECEASED (Type or print)	nes	Fin	ia.
ely fille Pages		S. 5	SEX	6. COLOR O	R RACE	7. MAI
- e -		F	emale	Whi	Lte	WIDOW
e deain certificate be executed within 24, attending physician and campletely filled in please remove carbon papers. Pages 1 within 72 hours offer death.	7	10a	. USUAL OCCUPATIO during most of work House wil	N (Give kind ng life, even	of work d if retired)	one 10b
ian and carbon offer de	1 /	13.	FATHER'S NAME		- 7	
sician ve car			Willi		ond	
death certifica thending physic please remave within 72 hours		1S. (Yes	WAS DECEASED EVER	IN U. S. ARI		
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law requires inc ysician. been signed by transit permit. al, and in any e			gove rise to in couse (o), stoting t lying cause lost.		DUE TO	
o do o o	0	CERTIFICATION	PART II. OTH	ER SIGNIFICA		
ratending certificate h e as the bur ation, ar rem			20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYIN CAUSE OF MEDICAL EXA	G DEATH	20b. DE
oital ar attaining the state of		MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, (Day, Yea 19	20d. While of wo
the haspital of the haspital of the haspital of the this detached far use to burial, crema			21. I certify the	of Lattend	led the	decea
2 0 =			ACTUAL SIGNATURE	Lenz	~ /	/_
may be retained by FUNERAL DIRECTOR page 3 should be the registrar prior	1		PHYSICIAN'S NAME (Type)	teni	-4	V.
may be o FUNE page 3 the reg		B	BURIAL, CREMATION REMOVAL (Specify) UP 181	11-2	22-5	9
VS A1S (4)	80	/	Raym ond	1800	reag	Ox
1SM 9/SS	1 1 1 1 1 1 1	_	TATA CANCE		- ~ ~ D	_

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	PLACE OF DEATH O. COUNTY F	rederick		MARYI	LAND	1101 J 1011 1011						
	b. CITY OR TOWN (III Frederic	outside corporate limi arest town)	ts, write	6 mos		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sabillasville					town)	
	d. NAME OF HOSPITA PRINSTITUTION PIL	AL (If not in hospital, g nes Nursi	ng H	oddress) Iome		d. STREET AL	DORESS				0	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	POESE		Middle		Brow	7	4. DATE OF DEATH	Nov	ith	Day 18	Year 19 5 9
	emale	6. COLOR OR RACE White	7. MARR	HED NEVER MARRIE		June 5	-		9. AGE (In years last birthday) yrs.		YEAR IF U	NDER 24 HRS urs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WITE OWN HOME					R INDUST		ce (Stote		untry)		J.S.A	HAT COUNTE
13.	FATHER'S NAME Will:	iam Gond	er			14. MOTHER'S Mar		_{illar}	d			
		R IN U. S. ARMED FOR If yes, give war or dates of s		social security no. None	17. IN Mr	formant s. Mar	y Wi	llard	Add Uni	on Br	ridge	, Md.
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which nmediote	a	ne for (o), (b), and (c).]	e fo	the /	lex.	t d	ve Visain	e.	ONSET A	L SETWEEN IND DEATH
CERTIFICATION	20a. ACCIDENT WA			CRIBE HOW INJURY OF	Table	13.50				EN IN PART	PE	AS AUTOPSY REORMED?
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.		or 20d. In White of work	Not while	20e. PLAI focts	CE OF INJURY (Hory, street, office	lome, form bldg., etc.	20f. (City	or town)	(Co	ounty)	(Stote
	21. I certify the alive an Mactual SIGNATURE PHYSICIAN'S NAME (Type)	Henry	decease , 19.5 V.	Chase		, 19 <i>5</i> 9 occurred at 	105 /		the causes of the cause of	and an the	e date st	he deceas
-	BURIAL, CREMATION REMOVAL (Specify)	11-22-5		Blue R:		CREMATORY Cemet	ery		rmont,	or county) Mary		Stote)
23.	FUNERAL DIRECTOR	S SIGNATURE COLL	09	ADDRESS	Ma		24a. REC'I	BY REGISTE	RAR 24b. REGI	STRAR'S SIGN	NATURE	

ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CER	TIFICA	ATE O	F DEATH
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L		1253	2	CERT	IFIC.	ATE OF DEATH	1		Reg. D.	ist. No	16	543
1.	o. COUNTY Free	lerick		MAR	YLAND	2. USUAL RESIDENCE (WI	nd	ed lived. If institution b, COUNTY	on: Resider	nce befo	ck	ion)
	Frederick	DWN (If outside corporate limits, write give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Frederick					arest town	n)				
M	d. NAME OF HOSP OR INSTITUTION OLLER AV	TAL (If not in hospital, enue at Nin	give street th St	oddress) reet		d. STREET ADDRESS 8 West	Seve	nth Stree	t			FARM?
	NAME OF DECEASED (Type or print)	CHAI	RLES	Middle CLAYT	ON	BRUST	4. DATE OF DEATH	Mon No	vembe	er 2	_	Yeor 19 59
	Male	White	WIDOW		D 🔲	8. DATE OF BIRTH 8 Sept 1915		lay birthdoy) yrs.	Months	Days	Hours	ER 24 HRS. Min.
100	during most of Of	ON (Give kind of work rking life, even if retired PETATOR	done 10b. B	KIND OF BUSINESS OF ICK WORKS		Frederick			12. CI	USA		COUNTRY
	Harry H.	Brust				Margaret F					4	
15.	WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give war or dotes of	servicel	SOCIAL SECURITY NO 14-10-2866		informant 's. Ruby H. Br	ust (Same as i		[‡] 2)		
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (ne for (0), (b), and (c) while when the	1 ath	- ? Curo	nan	orduse	'n		ERVAL BE	
	Conditions, if a gove rise to couse (a), stating lying couse lost.	ony, which immediate DUE TO	, Cer	many as	den	Plineare	U			1	yes	loc.
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PAR	RT 1(o)	PERFO	AUTOPSY RMED? NO KX
	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in	Port 1 or Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	While	NJURY OCCURRED Not while t of work	20e. Pl	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (Cit	y or town)	(County)		(Stote)
	21. I certify to alive an	hat I attended the	deceas 12		21_ death		ADDRESS (S	m the causes a Street, city or town,	ind on t	he da	te state	
	PHYSICIAN'S F	lichard C.	Reyno	lds, M. D.		Frederick,	Md.					

22c. NAME OF CEMETERY OR CREMATORY

may be retain TO FUNERAL Di

the registrar prior to burial,

page 3 should be

certificate has been signed by the attending physician and campletely filled

requires that the death certificate be

Then please remove carbon papers. event within 72 hours after death.

220. BURIAL, CREMATION, REMOVAL (Specify) 12-2-59 Mount Olivet Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maryland Son, Frederick, Maryland

226. DATE THEREOF

Frederick, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

DEC 2

arihan S. Krays

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		rod . Presonin (Marking)
A STATE OF THE PARTY OF THE PAR		

CEDTIEICATE OF DEATH

12524

D. COUNTY Frederick b. CITY OR TOWN (if outside corporate limits, write RURAL and give receives town) Smithsburg—— rural d. NAME OF HOSPITAL (if not in hospitol, give street oddress) A. NAME OF HOSPITAL (if not in hospitol, give street oddress) J. NAME OF HOSPITAL (if not in hospitol, give street oddress) J. NAME OF HOSPITAL (if not in hospitol, give street oddress) J. NAME OF DECEASED (if years if retired) J. S. SEX J. G. COLOR OR RACE J. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED OCT. J. D. USUAL OCCUPATION (Give kind of work done lib. KIND OF BUSINESS OR INDUSTRY) J. HOUSE WITH ONLY IT. BIRTHPLACE (Stote or foreign country) J. J. ATHER'S NAME Sida H. Buhrman J. MOTHER'S MAIDEN NAME Sida H. Buhrman J. MOTHER'S MAIDEN NAME NO J. MOTHER'S MAIDEN NAME J. MOTHER'S MAIDEN NAME NO J. MOTHER'S MAIDEN NAME J. MOTHER'S MAIDEN NAME NO J. MOTHER'S MAIDEN NAME J. M	Reg. Dist. No.	CERTIFICATE	72565		1 1
SMITHSDURG — rural 50 yrs • Inr • Foxville Smithsburg, I d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF DECEASED ITYPH OF PORTH OF DEATH OF DEATH NOV 16 S. SEX FOMALO CLOR OR RACE 7. MARRIED NEVER MARRIED DEATH OCT 11, 1880 J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF BUSINESS OF INDUSTRY DEATH PLACE (Stote or foreign country) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF HOSPITAL (If not in hospitol, give street oddress) J. NAME OF Bush Month J. NOTE OF BUSH NAME J. NOTE OF BUSH NA	AL RESIDENCE (Where deceosed lived. If institution: Residence before admission) ATE Maryland b. COUNTY Frederick	a ST.		a. COUNTY	1.
OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX FORMALO (Type) 6. COLOR OR RACE (Type) White Widowed Divorced Divorced Divorced (Type) 100. USUAL OCCUPATION (Give kind of work done) 100. USUAL OCCUPATION (Give kind of work done) HOUSEWITE (Stole or foreign country) Wing most of going life, even if retired) Own Home Maryland 13. FATHER'S NAME Sida H. Buhrman 14. Mother's Maiden NAME Mary Jane Buhrman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (I. SOCIAL SECURITY NO. INFORMANT Address) NO Theodore Buhrman Smithsburg 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Hemorrhage DUE TO Conditions, if only, which gove rise to immediate couse (o), stating the under lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) OR CONTRIBUTING CAUSE OF DEATH (Enter not) UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) OR CONTRIBUTING CAUSE OF DEATH 200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH EITHER NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) OR CONTRIBUTING CAUSE OF DEATH 200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) OR CONTRIBUTING CAUSE OF DEATH	Y OR TOWN (If outside corporate limits, write RURAL and give nearest town) Foxville Smithsburg, Md. RD	70	If outside corporote limits, write earest town)	b. CITY OR TOWN (RURAL ond give no Smithsbur	
DECEASED (Type or print) Elsie Trene Buhrman DEATH Nov. 16 S. SEX G. COLOR OR RACE White Widowed Divorced Divorced Divorced Divorced Total Nov. 16 S. SEX Female Oct. 11, 1880 S. AGE (In years Funder Year Year	REET ADDRESS e. IS RESIDENCE ON A FARM? YES TO D	oddress) d. S1	TAL (If not in hospital, give stree	d. NAME OF HOSPI OR INSTITUTION	7
Female White widowed Divorced Oct. 11, 1880 Total Composer of the control of t	OF			DECEASED	3.
Housewife 13. FATHER'S NAME Sida H. Buhrman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Hemorrhage Out To Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 204. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	17 1880 last bythdoy) Manths Days Hours Min.	- 00+	What to		
Sida H. Buhrman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Hemorrhage Occorditions, if ony, which gove rise to immediate couse (o), stating the under: Iying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port III of item 18.)			ON (Give kind of work done 10th king life, even if retired)	Housewiff	10
(Yes. no. or unknown)		14. MO	H. Buhrman		3. 3. 5. F 10c F 113. 15. (%
PART I. DEATH WAS CAUSED BY: 33/x DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 200. ACCIDENT WAS UNDERLYING COUSE OF DEATH OF CONTRIBUTING COURSED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				(Yes, no, or unknown)	
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20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour a.m. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunt foctory, street, office bldg., etc.)	oture of injury in Port I or Port II of item 1B.)	CRIBE HOW INJURY OCCURRED. (Enter n	AS UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	OR CONTRIBUTING	CERTI
₹ p. m. ¹⁹ of work □		Not while foctory, stree	Whil	20c. TIME OF INJUI Hour a. m. p. m.	MEDICA
alive an 11-16, 1959, and that death accurred at 6; 15 M. Mam the causes and an the da ADDRESS (Street, city or town, state)	ADDRESS (Street, city or town, stote) DATE SIGNI Smithsburg MD //-/6-5 ORY 22d. LOCATION (City, town, or county) (Stote)	M.D M.D M.D	Charles F. He	alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC	

TO HOSPITAL O TENDING PHYSICIAN: The law requires that the death certificate be may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or VS A15 (4) 1SM 9/SB

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attending physicion and

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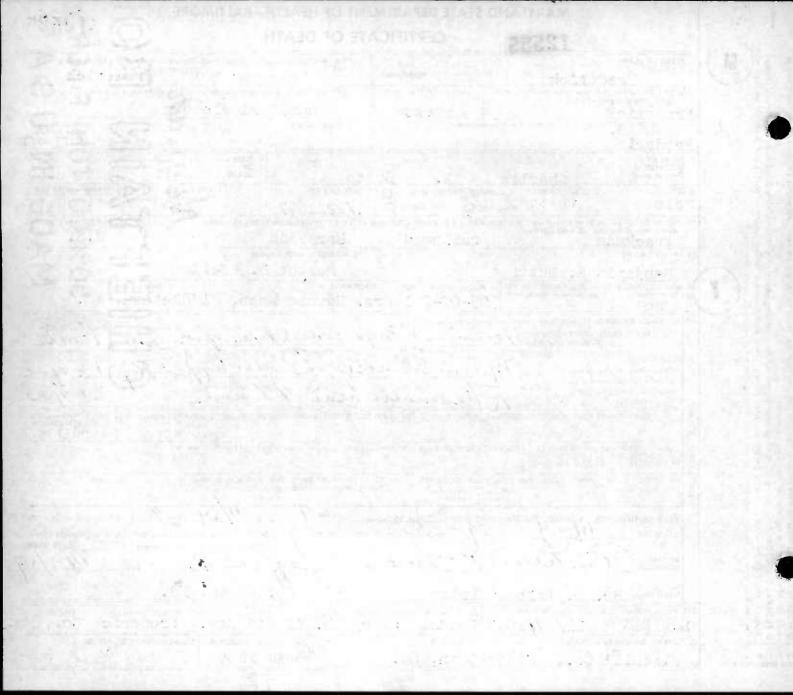
death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me funera page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL VS A15 (4) 15M 9/5B

		255	5	CEKIIFI	CAIL	OF DEAT	П		Reg. Dis	t. No.		
1.	PLACE OF DEATH a. COUNTY Fred	erick		MARYLAI	1	SUAL RESIDENCE (W	where decease	d lived. If institution b. COUNTY				on)
	b. CITY OR TOWN (If a RURAL and give near	outside carporate limi	its, write	c. LENGTH OF STAY IN	16	. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL and g	ive neare	est town	
F	rederick	rest town)		weeks	X	Rura	l Midd	dletown				
	d. NAME OF HOSPITAL OR INSTITUTION rederick	L (If not in haspital, ç	give street	oddress)		d. STREET ADDRESS			772	0 10	IS RESI	DENCE FARM? NO []
3.	NAME OF DECEASED (Type or print)	Fin		Middle	Daa++	Last	4. DATE OF DEATH	Man 1		Day		9 59
5		6. COLOR OR RACE	_		Butt	S TE OF BIRTH	- DEATH	9. AGE (In years	IF UNDER		_	-
	ale	white	WIDOW	RIED NEVER MARRIED ED DIVORCED [/22/1897		lost birthdoy) 62yrs.		_	Hours	Min.
100	during most of working trackmar	g life, even if retired	done 10b.	railroad	NDUSTRY	11. BIRTHPLACE (Stor	2	ountry)	12. CITIZ	EN OF W		DUNTRY?
13.	FATHER'S NAME				14	MOTHER'S MAIDEN	NAME					
	Ranjamir	E. Butt	. c			Martha	L. P	feifer				
15	WAS DECEASED EVER			SOCIAL SECURITY NO.	INFOR			Add	ress			
Ye		yes, give wor or dates of s	Inning	\	Mrs.	Edward 1	Moss,			Md		
NOIL	Conditions, if ony gove rise to im couse (a), stoting the lying couse lost. PART II. OTHE	mediote DUE TO	1	Hermal	NO S I C D BUT NOT	Least X RELATED TO THE TERM	Tipe MINAL DISEAS	hy ful	yen in part	7 (0) 19.	9 TH WAS A PERFOI	
AL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH		CRIBE HOW INJURY OCCI)	YES 🔲	№ □
MEDICAL	20c, TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	or 20d. I While of wor	Not while	e. PLACE (foctory,	OF INJURY (Hame, far street, office bldg., e	m, 20f. (City	y or town)	(C	ounty)		(State)
	21. I certify that alive an	Lace A. Tal	bott	Brice	eath acc	Je Je	ADDRESS (S fees	the causes an treet, city ar town,	state)		DATI	abave:
1	REMOVAL (Specify)	11/27/	1959		lley	Ch. of	God &		ederi		(State	20
23.	FUNERAL DIRECTOR'S			ADDRESS			C'D BY REGIS		STRAR'S SIG			
	Gladhill	Co., M	iddl	etown, Md.		DATEN	OV 3 0 '5	9 2.	1. w. S. 7	Traces		



VS A15 (4) 15M 9/55

death.

..... 17 St 42 11 1 12 1 12 1 Frederick-co- Md Barial 11-9-39 Ebernezer Charles E. Hidis Frederich deoth.

15M 9/55

Hospital Peccords Frederich A.M. Powell wir. BUTTAL 11-4-59 EDEPHREEP Fred. Co. Maryhand Inartes E. Hicks Frederick-Pld. VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12528

	1000				keg. Disi	. NO.
1. PLACE OF DEATH o. COUNTY	26338 FR.10. V	MARYLAND	2. USUAL RESIDENCE (WHO		. COUNTY	before admission)
	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate lin	nits, write RURAL and gi	ve nearest town)
RURAL ond give	ERICK	WEEKS	XINDOD	SBOR	Λ	
d. NAME OF HOSE OR INSTITUTION THREE	PITAL (If not in hospital, give street	NG HOME	d. STREET ADDRESS	<u> </u>		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JENIVIE	Middle	CRUM	4. DATE OF DEATH	VOV.	Day Year 2 7 19 5 9
S. SEX	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	874 9. AG lost	E (In years IF UNDER 1 Months yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
during most of we	TION (Give kind of work done 10b. orking life, even if refired)	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Slote	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	KEEPER	41 HOME	14. MOTHER'S MAIDEN N	NAME D).0,
-JOHN	BAER		ANNIE	RAM	SBURG	
Yes no. or unknown)	VER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	RS. LAMER	BARRIC	Address NOODS	BORO MO
	EATH [Enter only one couse per li EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).] ARCING MIA	F STOMACH	+		INTERVAL BETWEEN ONSET AND DEATH
151X	DUE TO				/	110110
Conditions, if gove rise to couse (o), stotin lying couse los	immediate DUE TO					
САТК	THER SIGNIFICANT CONDITIONS OF	CONTRIBUTING TO DEATH BU	11	NAL DISEASE CONI	DITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	MAS UNDERLYING 20b. DES IG CAUSE OF DEATH FY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in f	Port I or Port II of i	item 18.)	
20c. TIME OF INJU Hour a. m p. m	. While	_ Not while _ f	LACE OF INJURY IHome, form octory, street, office bldg., etc.	20f. (City or tow	vn) (Ce	ounty) (State)
21. I certify alive an	that I attended the deceas	00	e , 19 59, to h occurred at 29 A	11 / 22 M, from the	., 19.59, that I lo causes and on the	ast saw the deceased e dote stated abave.
ACTUAL SIGNATURE	Richard C.	Ryndels,	M.D. Jack	ADDRESS (Street, ci	ity or town, state)	DATE SIGNED
PHYSICIAN'S NAME (Type)	RICHARD (2 REYNOL	DS FR	EDER	KK N	16.
220. BURIAL, CREMATI REMOVAL (Specif		MT. HOP	E CEM.	WOOD	City, town, or county)	MD (Stote)
23. SURVERALDIRECTO	R'S SIGNATURE well	MA DORESS SCORE	o med 240. REC'S	D BY REGISTRAR	24b. REGISTRAR'S SIG	ATURE

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240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

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HEALTH DEPT.

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TO DEPUTY MENCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the case, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral star. Page 4 should be 15-worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained four files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremation, ar removal, and in pay event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1253()

1. PLACE OF DEATH o. COUNTY	rederick		M	ARYLAND	2. USUAL RESIDENCE	(Where decessed aryland	lived. If institu b. COUNT		eder		
b. CITY OR TOWN (III and give nearest town Frederic		e RURAL	c. LENGTH OF ST	AY IN 16	c. CITY OR TOWN	outside corpor rederick		RURAL and	give nea	rest fown)	
d. NAME OF HOSPIT Everedy Com	pany, 340 E				d. STREET ADDRESS 345 Eas	st Secon	d Stree	t		ON A FAR	WS.
3. NAME OF DECEASED (Type or print)	Fii J(OHN	Middle SAM		EICHOLTZ	4. DATE OF DEATH	Nove	12 -	Doy 3,	Yeor 19 59)
5. SEX Male	6. COLOR OR RACE White	7. MAR	RIED NEVER MAR		DATE OF BIRTH	The same of the	AGE (In years loss birthday) O yrs.		-	OUNDER 24 H	-RS
100. USUAL OCCUPATION during most of working Fireman	ig life, even if retired)		. KIND OF BUSINESS (Everddy Co			or foreign cou yland	ntry)	12. CITIZ	US US	WHAT COUN	TRY
13. FATHER'S NAME	hn A. Eich	oltz			14. MOTHER'S MAIDEN Bet	NAME ty Strin	ie				
15. WAS DECEASED EV	ER IN U. S. ARMED FO (II yes, give war or dates of NO		6. SOCIAL SECURITY N 214-10-131		ormant c. Gertrude	K. Eich	Address oltz—Sai	meas I	Item-	#2	
Conditions, if o gave rise to immer (a), stating the cause lost. PART II. OTHER	diote couse DUE TO (c	H)		ATH BUT NO	OT RELATED TO THE TERM			'EN IN PART	1(0) 19.	WAS AUTOP: PERFORMED? NO [SY
PRIMARY OF COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m.	NTRIBUTING [ar 20d	I. INJURY OCCURRED iile Nat while work of work	20e. PLAC	E OF INJURY (Home, for y, street, office bldg., et	m, i 20f. (City o		(Cour	nty)	(Stat	(e)
21. I certify the opinion death ACTUAL SIGNATURE		e of the	remains describ	ed abov	e, held an Autap], Suicide [], M.D. CHIEF MEDICAL I ASSISTANT MEDICAL DEPUTY MEDICAL	Hamicide [EXAMINER CAL EXAMINER	, Undete		anner	and in r	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	Nov. 7,	1959	Mount Ol		Cemetery	Fred	on (City. town. clerick,			(Stote) ryland	
M. R. Etch		, Fre	ederick, Ma	rylan		OV 5 '59		Thur & S			

	CERTIFICATE OF DEATH			
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	and the Atlanta		Bold Str.	
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TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 be retain y the haspital ar attending physicion.

NERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by funeral director.

3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with egistrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. TO HOSPITAL O

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/S 15A	A15	5 (4) 755

	1954		CERTIF	ICA	TE OF DEA	TH			Reg. Dist.		501
1. PLACE OF DEATH o. COUNTY Fr	ederick		MARYL	AND	2. USUAL RESIDENCE o. STATE	(Where dece		If institution COUNTY		before adm	
b. CITY OR TOWN (I RURAL and give no Frederic		s, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN	(If outside co				e nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION Three Pin	AL (If not in hospital, gi	Home	oddress)		d. STREET ADDRES	s e Kiln				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First BER	TIE	MAY		Lost FEAGA	4. DAT OF DEA		Month	_	Doy 20,	Yeor 19 59
5. SEX Female		7. MARR	DIVORCED		January 6	, 1872	_ lost I		-		DER 24 HRS.
during most of work House-wor	king life, even if retired)	lone 10b.	KIND OF BUSINESS OR At Home	INDUST		ryland		•	12. CITIZI		SA
13. FATHER'S NAME	Jacob F. Ba	er			14. MOTHER'S MAID	V. MC	ssbur	g			
	R IN U. S. ARMED FORG (If yes, give wor or dates of se NO	rvice}	social security no.		Cormant Lester B.	Feaga		_	tia Av Mar		
	mmediate (Deute_	lity Eu	- ater	is 8	elers	nin		INTERVAL ONSET AN	
20a. ACCIDENT WA	(c)	OITIONS C	CONTRIBUTING TO DEAT						N IN PART 1	PER	S AUTOPSY FORMED?
ZOc. TIME OF INJUR Hour o. m.		v 20d. It While of wor	Not while		CE OF INJURY IHome, ory, street, office bldg.		City or town	١)	(Cor	unty)	(Stote)
21. I certify the alive an		deceas	ed from	M	D. North Ma Frederic	ADDRESS ADD	ram the c s (Street, cit	causes any or town, st	nd an the	date sta	ne decease ated abav DATE SIGNE 3/59
Burial (Specify)	Nov.23,19	59	Mount Oliv	et C		Fr	rederi	ck,		Maryl	
23. FUNERAL DIRECTOR M. R. Etch		Fre	ADDRESS derick, Mar	ylar		NOV 2 4	'59		hun 8. T		

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TO HOSPITAL OF may be retaine

VS A15 (4) 15M 10/57

12532

2566	CERTIFICATE	OF	DEATH

1	12566	CERTIFIC
)	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND

Reg. Dist. No.

	1. 1	PLACE OF DEATH o. COUNTY Fr	ederick		MAR	RYLAND	2. U	STATE Marvi		e deceased	lived. If instituti		ce befor	re odmiss	ion)
		b. CITY OR TOWN (I RURAL ond give no	f outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c.	CITY OR TOW	/N (If out		ote limits, write R		give neo	rest town)
		Cullen,	Md.		2 295	davs		Union	Br	idge		061	X -	2	
,	1	d. NAME OF HOSPIT	AL (If not in hospital,	give stree	oddress)		d	STREET ADDR	RESS					e. IS RESI	DENCE
+		Victor C	ullen St	ate	Hosp.										NO T
	1	NAME OF DECEASED (Type or print)	Claude Fi	rst TT	Midd		T 17	Lost		OF DEATH	Mor		Do	,	feor
	5. 5		6. COLOR OR RACE	H.		FOG					Novemb	er	8		9 59
		Male	White	WIDOW	RRIED NEVER MARK		7.	=19=18	890		9. AGE (In years last birthday)	Months	Doys	Hours	Min.
	10a	USUAL OCCUPATION	N (Give kind of work	done 10b	. KIND OF BUSINESS	OR INDUS	STRY 1	1. BIRTHPLACE	(Stote or	foreign co	untry)	12. CIT	IZEN O	F WHAT	COUNTRY
		Carpente	ing life, even if refired)											
	12	FATHER'S NAME	1		Construc	Llon		Frede			inty		U.	S	1.
	15.						14.	MOTHER 2 MAI	IDEN NA	ME					
-		Jacob F						Emma	Stit	telv					
	15. JYes		R IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. 11	NFORM	ANT		0	Add	ress			
3		No.			12-16-84	35	Ho	spita	1 CF	nart					
				ouse per l	ine for (o), (b), and (c).]							INTE	RVAL BET	TWEEN
		PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Far	Advance	d Pu	1mc	narv	Tube	ercu	losis		7	Vns	
		002X	DUE TO						100				1		,
		Conditions, if or	av which)												
		gave rise to in	nmediate	,									-		
		cause (a), stoting (the under-	,											
×.	7	lying cause last.) (e												
3	CATION				CONTRIBUTING TO D		NOT R	ELATED TO THE	ETERMINA	AL DISEASE	CONDITION GIV	EN IN PART	[](o)]!	PERFOI	UTOPSY
	S	Advanc	ed Pulmo	nary	Emphyse	ma									NO 🗔
		200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED). (Ente	r noture of inju	ury in Par	t 1 or Part	11 of item 18.)				
	CAL	20c. TIME OF INJURY	Month, Doy, Ye	or 20d.	INJURY OCCURRED	20e. PLA	ACE OF	INJURY (Home	e form	20f (City	os towal			-	404.4.4
	MEDI	Hour a. m.	19	While	Not while	foc	tory, st	reel, office bld	g., etc.)	zor. (City	or lowing	10	ounty)		(Stole)
Е		p. m.		at wo											
		21. I certify the	at I attended the	decea	sed fram 7-2	7-19	53.	19, to	11-8	}	, 1959	that I I	ast sa	w the	deceased
			7-1959	19	and tha			rred at 12:	:05A	M from					
				/	7'/		4000	TOO OWNER.			eet, city or town,		ie dai		TE SIGNED
		ACTUAL SIGNATURE	77	- 10	1/1/			077							
,		SIGNATURE	1:1	11	Alab.		W.D	curren	n, ν	1d			J 51	-195	9
		PHYSICIAN'S NAME (Type)	T. F. Ve	esta	1 M D										
	220.	BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEA	METERY OF	RCREM	ATORY	22	d. LOCATI	ON (City, town,	or county!		(Stote	1
	CB	REMOVAL (Specify)	11-10-9	9	Sams C	reek	Me	thodis		em.	Union		0		,
	23. 1	FUNERAL DIRECTOR'S		17	/ADDRESS	/	7	1 7 7 80		Y REGISTR		STRAR'S SIG	-		
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O HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of a death.	may be retained by the haspital ar attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the runeral	page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be fi	the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS A15 (4)

1SM 9/58

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	3
2549	CEDTIEICATE	OF DEATH	

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J46 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND Maryland Frederick Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick 40 years Frederick e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 7 157 B.&O. Ave. ON A FARM? B.& O. Ave. YES NO TO NAME OF First Middle last 4. DATE Month Year DECEASED Ford November 9. James 1959 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days WIDOWED | DIVORCED [7] May 10, 1891 White Male yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Retired Laborer U.S.A. None Maryland FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Jackson Ford Florence Summers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 507 N. Bentz Frederick. Md. Mr. Wilbut L. Ford 27/1-10-1081 No 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Mel 420.1 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IN NOTE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Doy, Year 204 INTURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc.) Hour o. m. While Not while at wark ot work ... 1955 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 6:30p.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE W. all sport PHYSICIAN'S 30 W. All Saints Street M.D. NAME (Type) Dr. U.G. Bourne. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, ar county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 11-12-1959 Mt. Olivet Cemetery Burial Frederick, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE Frederick, Maryland DATE NOV 1 2 '59 Cichun & Kraus

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24b. REGISTRAR'S SIGNATURE

Children S. Kraus

24g. REC'D 8Y REGISTRAR

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DATE NOV 5

	1254	3	CERTIFICA	ATE OF DEAT	Н	200	Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY Fre	ederick		MARYLAND	2. USUAL RESIDENCE (W	here deceosed live	d. If institution b. COUNTY	rn: Residence befor	
b. CITY OR TOWN (II RURAL and give ne Freder:		write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limits, write RI	JRAL ond give nea	rest town)
d. NAME OF HOSPIT. OR INSTITUTION 126 Klin	AL (If not in hospital, give Blvd.	e street ada	dress)	d. STREET ADDRESS	Cline Blv	d.		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First CHARI	LES	Middle JOSEPH	Lost FULMER	4. DATE OF DEATH	Nov	/	Yeor 1959
5. SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years	IF UNDER 1 YEAR	
Male	White v	VIDOWED)	DIVORCED	May 5, 1874	8	st birthday) yrs.	Months Days	Hours Min.
during most of work	ON (Give kind of work do king life, even if retired) Carpenter		ND OF BUSINESS OR INDU Building	11. 8IRTHPLACE (Stote Marylar 14. MOTHER'S MAIDEN	nd	у)	12. CITIZEN OF	WHAT COUNTRY?
John	L. Fulmer			Sax	rah Rebec	ca Hin	es	
	R IN U. S. ARMED FORCE		CIAL SECURITY NO.	INFORMANT		Addr	ess	*
No No	(If yes, give war or dates of serv		2-14-7552 Mr	. Roger M. Fu	ilmer, Sa	me as	Item #2	
Conditions, if ar gove rise to in cause (a), stating lying couse lost.	mmediate Due TO	OK S	teriosc	Perotic 'A	feart	Dese	•	
30	man	0	rostal	NOT RELATED TO THE TERM	entro	phi	EN IN PART 1(a) 19	PERFORMED YES NO
(IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRI	BE HOW INJURY OCCURRE	ED. (Enter noture of injury)	Port 1 or Port 11 o	(itam 18.)		
20c. TIME OF INJURY Hour o. m., p. m.	Y Month, Day, Year 19	While	JRY OCCURRED 20e. Pl Not while fo at work	ACE OF INJURY (Home, fari ctory, street, office bldg., et	m, 20f. (City or t	awn)	(County)	(Stote)
21. I certify the alive an	at I attended the co	deceased , 19 5	fram. 6-2 2 and that death	a accurred at 12:10	ADDRESS (Street,	causes an	d an the date	the deceased stated abave. DATE SIGNED
PHYSICIAN'S NAME (Type) R	obert D. Cr	ouch,	M. D.	Frederic	k, Maryla	and		
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	Nov.4.195		2c. NAME OF CEMETERY C		22d. LOCATION		County)	(Stote) Marylan

ADDRESS

M. R. Etchison & Son, Frederick, Maryland

requires that the deoth certificate be executed within 24 hours attending physician and completely filled in remove carbon attending page 3 should be detached far use TO FUNERAL DIRECTOR: After this the registrar

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TO HOSPITAL VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

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2567	CERTIFICATE	OF	DEATH
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eg. Dist. No. 12535

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braddock Heights 10 Years			c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Braddock Heights							
d. NAME OF HOSE OR INSTITUTION Maryland	/ d. STREET ADDRESS Maryland Avenue				ON	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	fir MARY		Middle AGNES	GAITH		4. DATE OF DEATH	Mont	h ovembe	0oy r 19,	Year 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARR	TIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT 2 Sept		9. AC	GE (In years at birthday) yrs.	Manths D		1
Retired As	arking life, even if retired	dane 10b.	kind of Business or Indu Dentistry	Fre	deric	k, Maryla			EN OF WH	AT COUNTRY?
13. FATHER'S NAME Samuel R. Gaither				14. MOTHER'S MAIDEN NAME Matilda A. Anderson						
(Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	214-10-1862 Mi	INFORMANT SS Nanni	e L. (Gaither (Same a		m #1)	
Conditions, if gave rise to couse (o), stolin lying cause lost	g the <u>under:</u> DUE TO)	TUTIO - SCILE TO ONTRIBUTING TO DEATH BUT	retie la	Please Termi	H dis.	NDITION GIVE	EN IN PART I	PERI	S AUTOPSY FORMED?
OR CONTRIBUTING	10		Nat while fa		(Home, farm	, 20f. (City or to		(Ca	unity)	(State)
olive on 9	that I attended the October 1X Charles H. C	10	ruley	M.D. 228	10 P N. Mai	M, from the ADDRESS (Street, rket St.	e Causes o	nd an the	dote sto	DATE SIGNED
22a. BURIAL, CREMAT REMOVAL (Specif	11-23-5		Mount Olivet		У	22d. LOCATION Frederi				ate)
23. FUNERAL DIRECTO	chison & So	n, Fr	rederick, Mary	land		D BY REGISTRAR		TRAR'S SIGN		

VS A15 (4) 15M 9/55

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death. Page 4

TO HOSPITAL ON ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of the death. Promoty be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 1SM 9/S8

16044		Reg. Dist. No.				
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Frederick				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick				
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION No Market St	oddress)	d. STREET ADDRESS 1200 North Market Street o. IS RESIDENCE ON A FARM? YES \(\subseteq NO \)				
3. NAME OF DECEASED (Type or print) Harry Char	Middle	Last 4. DATE Month Day Year OF DEATH November 27. 19 50				
5. SEX 6. COLOR OR RACE 7. MAR White WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) September 6. 1886 73 yrs. FUNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.				
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber	KIND OF BUSINESS OR INDU					
3. FATHER'S NAME Charles Gilbert		14. MOTHER'S MAIDEN NAME Rebecca Glessner				
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, nive wor or dales of service)		NFORMANT Address rs. Nannie V. Gilbert 1200 N. Market ST.				
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS.	CONTRIBUTING TO DEATH 8UT	not related to the terminal disease condition given in part 1(0) 19. Was AUTOPS PERFORMED?				
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port II of item 18.)				
20c. TIME OF INJURY Month, Doy, Year 20d. Hour o.m. 19 While of wo	Not while fo	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, office bldg., etc.)				
21. I certify that I attended the decearative an	natu	n accurred at 65 M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) M.D. 25 Fact Charach Street Traderick Md.				
PAME (Type) Dr. Rex R. Marti 22a. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY C					
Burial 11-30-1959 23. FUNERAL DIRECTOR'S SIGNATURE Robert & Dailey	ADDRESS Frederick,	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar priar ta burial, crematian, ar remaval, and in any event within 72 hauss ster death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL OF

VS A1S (4) 1SM 9/S8

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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24000	CERTIFICA	IL OI DEATH	Reg. Dis	it. No.
1. PLACE OF DEATH O. COUNTY REDERICK	MARYLAND	2. USUAL RESIDENCE (Where dece	AND COUNTY FR	EPERICK
RURAL and give nearest town)	O PR	c. CITY OR TOWN (If outside co	orporote limits, write RURAL and g	give nearest town)
d. NAME OF HOSPITAL (If not in hospito), give street oddres OR INSTITUTION	is)	d. STREET ADDRESS	2011/1011	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) DOROTHEA	MARY G	Lost 4. DAY OF DEA		Day Year 1959
S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED D		1 DATE OF BIRTH	9. AGE (In years lost birthdoy) yrs. IF UNDER Months	1 YEAR IF UNDER 24/HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign	in country) 12. CITI.	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOW	N	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no, or unknown) (If yes, give wor or dates of service)	AL SECURITY NO. IN	FORMANT PS WINFIELD C	Address E.EVANS FRE	RIGH-3 DERICKAD
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	(0), (b), and (c).]	el Hemorrha	g e	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	pertousi	vy Cardiovas	cular Disease	years ,
PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED.	. (Enter nature of injury in Port I or	Port II of item 18.)	
		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	(City or town) (C	County) (Stote)
21. I certify that I attended the deceased fralive an NOV, 13, 19 59		1959, to NO 1 accurred at 1/41 A M, fro ADDRES:		
SIGNATURE LUTES LUCLEUR	CG/ N	io. mkai	ry med	11/16/59
PHYSICIAN'S NAME (Type)	ORTLINCOL	4 CREMATORY	WASHINGTON	P.C.
220. BURNAL, CREMATION, REMOVAL (Specify) CREMATION NOV 20-59	NAME OF CEMETERY OR	CREMATORY 22d. LO NS C. E-M WH	OCATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS VIAL ALL	24a. REC'D BY REC		

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death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

VS A15 (4) 15M 9/5B	TO HOSPITAL OF	5 TO FUNERAL DIRECTOR	page 3 shauld be deta	the registrar priar ta b	
	VS 15/	A15 (4) B		0

	1256	۵	CERTIFIC	ATE OF DEATH	1	Re	g. Dist. No.	998
1. PLACE OF DEATH a. COUNTY	rederick		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland		. If institution: R		nission)
b. CITY OR TOWN (I RURAL and give no	f autside carparate limit	s, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate li	mits, write RURAL	and give nearest to	awn)
Rural- M	yersville	2	7 2 2 4 00 0 222	OX Rural- M	yersvil	le		
d. NAME OF HOSPIT OR INSTITUTION Route #	AL (If nat in haspital, gi	ive street add	ress)	d. street address Route #	1.	144	10	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ROBE		Middle GLENN GR	OSSNICKLE	4. DATE OF DEATH	Month Novemb	per 21	Year 19 50
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH			INDER 1 YEAR IF UN	NDER 24 HRS.
Male	White	WIDOWED [DIVORCED [October 21,	, 1903 "	56 yrs. Ma	inths Days Hau	rs Min.
10a. USUAL OCCUPATIO	ON (Give kind af wark d	lane 10b. KIN	ID OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign cauntry	1	12. CITIZEN OF WHA	T COUNTRY?
Farm		Own	Gen. Farm	Freder	rick Co.	Md.	U.S.A.	
13. FATHER'S NAME			100	14. MOTHER'S MAIDEN N	IAME			
C.	Upton Gr	cossni	lckle	Martha E	Ellen Le	atherm	an	
15. WAS DECEASED EVE		CES? 16. SO	CIAL SECURITY NO.	INFORMANT Mrs. Edna Gr	rossnick	Address		.#1
Canditians, if a gave rise to i cause (a), stating lying cause last. PART II. OTHER	mmediate DUE TO			T NOT RELATED TO THE TERMI	NAL DISEASE CON	adition given I	N PART 1(a) 19. W. PEF	FORMED?
200, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	LINDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOWINJURY OCCURRI	ED. (Enter nature of injury in F	Part I ar Part II af	item 18.)		
Z0c. TIME OF INJUR Haur a, m, p. m.	Y Manth, Day, Yea	While at wark		LACE OF INJURY (Hame, farm ictary, street, affice bldg., etc.		wn)	(Caunty)	(State)
21. I certify the alive an	at 1 attended the	deceased , 1259 un 1		n occurred at	M, fram the a	causes and a		
22a. BURIAL, CREMATIO REMOVAL (Specify) BUT 1-8-1 23. FUNERAL DIRECTOR	Nov.24,	959 2	2c. NAME OF CEMETERY C Grossnick ADDRESS Myersvill	1e 1s N1	22d. LOCATION P. Myers D BY REGISTRAR V 2 5 '59	ville .	Fred Co R'S SIGNATURE A S. Haus	irate) Md

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12545 12545

12539

Reg. Dist. No.

- 2	o. COUNTY	rederick		MARYLANI	o. STATE Mar	yland	b. COUNT	N -	deric	
	b. CITY OR TOWN (II ond give nearest town Frederi		RURAL	c. LENGTH OF STAY IN 18		(If outside con	•	RURAL ond	give nearest	town)
	d. NAME OF HOSPIT	AL OR INSTITUTION (IF	not in hos	pitol, give street oddress)	d. STREET ADDRESS			5 6		RESIDENCE N A FARM?
L	216 East B	atrick Stre	et		21 Sou	th Jef	ferson St	treet		□ NO.
3.	NAME OF DECEASED (Type or print)	JOHN JOHN		Middle ARTHUR	GROVE	4. DAYE OF DEATH	Novem		30,	Yeor 1959
5.	Male	The same of the sa	7. MARRIE	DIVORCED DIVORCED	April 6, 190	4	9. AGE (In years 1996) birthday) yrs.	Months D	YEAR IF UN	DER 24 HRS Min.
10	during most of working Warehou	ON (Give kind of work do ig life, even if retired)		ort Detrick	STRY 11. BIRTHPLACE (Sto		country)		ISA	AT COUNTRY
1	3. FATHER'S NAME Willi	am D. Grove			14. MOTHER'S MAIDEN Edit		ngevine			Ě
1	5. WAS DECEASED EV	ER IN U. S. ARMED FORG	The same of the sa	11 20 0200	informant irs. Joy Ann	Welty-	Same as 1			
CESTIENCE PROME	Conditions, if a gave rise to imme (a), stating the course lost. PART II. OT	diole couse DUE TO (c) HER SIGNIFICANT COND	-	Time Soler DITRIBUTING TO DEATH BUT	F NOT RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PART		FORMED?
ALEDICAL CESTIC		NTRIBUTING	20d.	E HOW INJURY OCCURRED. INJURY OCCURRED 20e. P.	w.l. No.	em, i 20f. (Cil		(Coun	ity)	(Stote)
4150		19 hat I took charge	of the	ork Not white of work remains described at			Inspection X	, Inquiry	[X], c	and in my
	ACTUAL SIGNATURE	resulted from: N BOHOS 3. 0. Thomas	me	causes X, Accident	M.D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA	ICAL EXAMIN		ermined m] E SIGNED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the control of the funeral "pending" in pending" in them 18. Give Pages 1, 2, and 3 to the funeral decision. Page 4 should be followeded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if the Fur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

Sold Broke BATE VENTALE ... IN USU PERM are solven and solven and the A. L. ELECTION OF ALL PROPERTY.

	12346	CERTITIO	AIL OI DEAII	•		Reg. Dist. N	lo.
o. COUNTY Fre	derick	MARYLAND	2. USUAL RESIDENCE (WHO STATE Mary)		lived. If institution b. COUNTY	Freder	
b. CITY OR TOWN (RURAL ond give n	If outside corporate limits, write exprest town derick	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF a		ote limits, write RU	URAL and give I	nearest town)
OP INSTITUTION	TAL (If not in hospital, give street Taney Apts. Fre		d. STREET ADDRESS	ney Apt	ts. Fred	• Md •	e. IS RESIDEN ON A FAR YES NO
NAME OF DECEASED (Type or print)	First GEORGE	Middle WASHINGTON	HARRIS	4. DATE OF DEATH	Novemb		Doy Yeor 10, 19
. sex Male	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH January 14,		AGE (In years birthday) yrs.	Months Day	AR IF UNDER 24 s Hours /
during most of wor	ON (Give kind of work done 10b. rking life, even if retired) mer and Founder		STRY 11. BIRTHPLACE (Stote Maryland	or foreign cou	untry)		OF WHATCOUR
B. FATHER'S NAME Willia	ım Harris		14. MOTHER'S MAIDEN N				
5. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16.		r. Austin C.	Harris	Freder	ick, Ma	ryland
	the under-	Genely Genely					NTERVAL BETWE NSET AND DEA 3 Close 2-year
PART II. OT	HER SIGNIFICANT CONDITIONS					EN IN PART 1(o	19. WAS AUTO PERFORME YES NO
	AS UNDERLYING 20b. DES G CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port	II of item 18.)		
20c. TIME OF INJUI Hour o. m. p. m.	While		ACE OF INJURY (Hame, farn ctory, street, office bldg., etc	n, 20f. (City o	or town)	(Count	ty) (
	nat I attended the decease 192	Some	m.D. 4W	M, fram the Address (Street	he causes and	d an the do	
NAME (Type)		22c. NAME OF CEMETERY C			ON (City, town, o		(Stote)
REMOVAL (Specify Burial 3. FUNERAL DIRECTOR	11-11-1959	Pleasant Hal	1 Cemetery		Spring	TRAR'S SIGNA	ture
Makest Co	Unilleuts.	Frederick, M		N BY REGISTS		Chun S. Kr	

TO HOSPITAL OF TENDING PHYSICIANS the working physician.

To may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled with page 3 should be detoched for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death

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FOR STATE HEALTH DEPT.

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TO DEPUTY MED 41 EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the carrier, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral cator. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the The The To FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. The pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12547 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 12541

1.	o. COUNTY Fr	ederick		MARYI	LAND	2. USUAL RESIDENCE OF STATE MA	E (Where decederyland		oution: Resid		
	b. CITY OR TOWN (IF and give nearest town Frederick		RURAL	c. LENGTH OF STAY I	N 1b		N (If autside corederick	porate limits, write	RURAL on	d give ne	earest lown)
		at or institution (in)	d. STREET ADDRES		trick St	reet		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	JOHN First	GEOR	GE OLIVEI	R	HOFFMAN	4. DATE OF DEATH	Nove		Day 25	19 ⁵⁹
5.	SEX Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	-	arch 28, 1	.907	9. AGE (In years fost birthday) 52 yrs.	IF UNDER Manths	1YEAR Days	Hours Min.
	Chef	ON (Give kind of work d g life, even if retired)		ND OF BUSINESS OR I	NDUSTR'	11. BIRTHPLACE (S	itote or foreign	country)	12. CIT		SA
	The same of the sa	ua Hoffman						Speaks			
13	Yes	ER IN U. S. ARMED FOR (If yes, give wer or dates of so WWII	lasius	14-10-5435		Mary R.	Hoffman	Addres - Same		em #2	2
		liate cause		or (a), (b), ond (c), } ONARY OCCLU	USIO	N				ONSE	valetiven Tand peath inutes
CAL CERTIFICATION	20g. EXTERNAL CAL PRIMARY gr CON CAUSE OF DEATH.	NTRIBUTING []	. DESCRIBE	HOW INJURY OCCUR	RED. (En		Port 1 or Part 1				P. WAS AUTOPSY PERFORMED? (ES NO NO (Stote)
MEDICAL		19 nat) took charge		k Nat while at work mains described		e, held an Auto		nspection 💽	, Inqui	ту [О].	
	apinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	James B. Th	latural co	www. Accid	19	M.D. CHIEF MEDICA ASSISTANT ME	Hamicide L EXAMINER C EDICAL EXAMIN		ermined (DATE SIGNED
]	REMOVAL (Specify)	Nov. 28,1		22c. NAME OF CEMETE Mount Olive				TION (City, town,			(Slate) ryland
23	M. R. Etcl	s signature nison & Son	Fred	ADDRESS lerick, Mar	ylan		NOV 3	The second second	Colling		

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	12049	CEKTIFIC	AIE OF DEAI	п		Reg. D	ist. No		
o. COUNTY	PREDERICK	MARYLAND	2. USUAL RESIDENCE (VO. STATE	Vhere deceased li	ved. If institution b. COUNTY		nce befo	re admiss	ion)
b. CITY OR TOWN (If a RURAL and give nea	outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	e limits, write R	URAL ond	give ne	arest town	1)
	FREDERICK	Il yrs.	// FREDERICE	MARY	LAND				
d. NAME OF HOSPITA OR INSTITUTION	L (If nat in haspitat, give street	address)	d. STREET ADDRESS	cins Ac	res				FARM?
B. NAME OF DECEASED (Type or print)	First JOHN	ROSCOE	HOLT Last	4. DATE OF DEATH NO	Mon Svember	th	22	/	Yeor 19 59
S. SEX	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH		AGE (In years last bythdoy) 74. yrs.	Manths Manths	R 1 YEAR Days	Haurs	R 24 HRS Min.
Oa. USUAL OCCUPATION during mast of workin Officer in	(Give kind of wark dane 10b.	KIND OF BUSINESS OR INDU		e or foreign caun		12. CIT	IZEN O	F WHAT C	OUNTRY
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME Keeney					
	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT	marmal	Addi	ress Fr	ad av	d ale	364
(Yes, no. or unknown) (If	yes, give wor or dates of service)	and the second s	Mrs. Helen I	L. Helt		. Wat			
	H [Enter only one couse per li			20000	1,			ERVAL BE	
PART I. DEATH	H WAS CAUSED BY	ne for (o), (o), and (c).]	.//	1000				SET AND	
	IMMEDIATE CAUSE (a)	armon	y occur	useo.	~	<u> </u>	m	m	res
4.20.1	DUE TO	•	4						
Conditions, if ony									
gove rise to im	mediate (
couse (a), stoting th lying cause last.	e under-								
) (c)								
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIV	EN IN PAI	RT 1(o)	PERFO	AUTOPSY
5								YES	NO [
PART II. OTHE	CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II	of item 18.)				
20c. TIME OF INJURY			LACE OF INJURY (Home, far	m, 20f. (City or	town)	((County)		(State
Havr a.m.	19 While	Nat while	octory, street, office bldg., e	ic.)		,			
	t I attended the deceas		weard at	Fort.	O. True	K	7		2 9
					, 17,	mai i ii			
alive an	, 19_	, and that deat	h accurred at 1 CC	_M, fram the	e causes an	d an th	e date	stated	abav
A CONTRACTOR OF THE PARTY OF TH				ADDRESS (Stree	t, city ar tawn,	stote)		DAT	E SIGNE
SIGNATURE	SUTho	mes-	_M.D	2	vr. 2	2,1	95	9	
PHYSICIAN'S NAME (Type)	13.0.3h.	rmas	Fry	dern	1.	roes			
2a. BURIAL, CREMATION, REMOVAL (Specify)	, 22b. DATE THEREOF	22c NAME OF CEMETERY	7/1-7-1	22d. LOCATIO	N (City, town, o			(State	216
3. FUNERAL DIRECTOR'S	SIGNATURE	ADDRES	Jalional.	D BY REGISTRA	R 146. REGIS	7	CNIATU	9/	1/10
DO114 1/	T.	· Lorinh >	7/	D BY KEGISIKA	K 736. KEGIS		L	KE J	
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may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

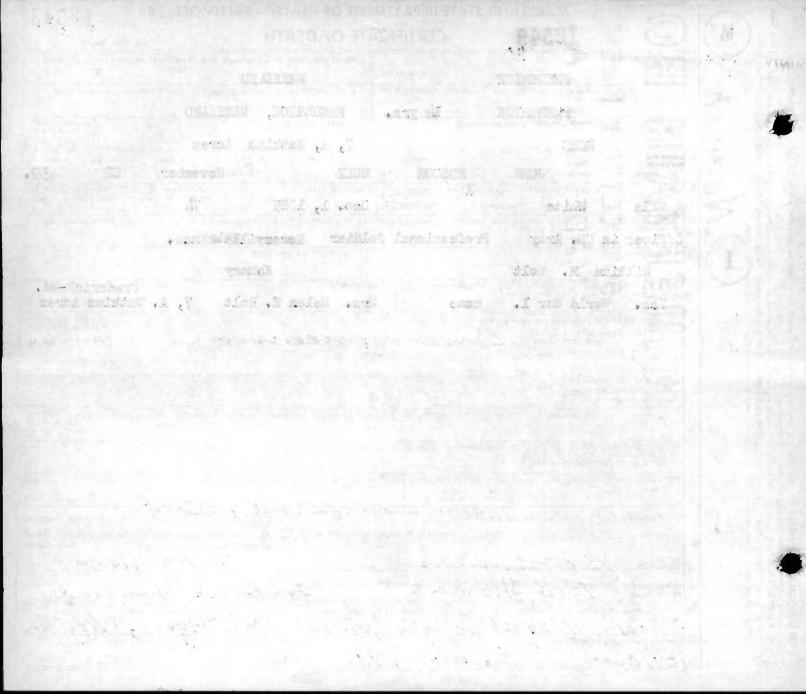
TO HOSPITAL O

VS A15 (4) 1SM 9/58

the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haup after death.

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O HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	1	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely titled in by	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	
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V 1:	S .	A15	(4) '55

	12571	1	CERT	IFIC/	ATE OF D	DEATH			Reg. Dis		~ U T Z
1. PLACE OF DEATH o. COUNTY	derick		MAI	RYLAND	2. USUAL RESI	DENCE (Whe	ore deceased	lived. If instituti b. COUNTY		e before od	mission)
b. CITY OR TOWN (If RURAL ond give nec	arest town)	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If or	utside corpo	rote limits, write R	URAL ond g	ive nearest	lown)
	isville		30 yr	0.	1 X Wc		erson	elle.			
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospitol, g	ive street o	ddress)		d. STREET A	ADDRESS				0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	CASSE	LL	AUSB	le URN	HONT		4. DATE OF DEATH	Turve	26	Day	Year 19 3 9
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARI	RIED 🗌	B. DATE OF BIRT	н	1111	9. AGE (In years last birthday)		-	NDER 24 HRS.
M	W	WIDOWE	DIVORC	ED 🔲	Jane, 11	2. 19	12	57 yes.	Months	Doys Ho	urs Min.
4.	ng life, even if retired	done 10b. I	1 /		STRY 11. BIRTHPE	ACE (Stole	or foreign co	ountry)		ZEN OF W	HAT COUNTRY?
13. FATHER'S NAME	er-palery	uau.	Baker	7	14. MOTHER'S	MANDEN N	AME			· Jan	7.
Emorre.	m. lotan	t-1		U	Min	2000	m.	Craning	,		
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY N	0. 17. 1	INFORMANT			Add	ress		
24)	f yes, give war or dates of s	2	14-16-721	0 /11	ro Edus	m. H.	outo	Wal ker	sari O	ec. >	nel.
18. CAUSE OF DEAT	TH [Enter only one co				0					INTERVA	L BETWEEN
PART I. DEAT	H WAS CAUSED BY:	. 11	rute 11	isas	mues	unc	una				ND DEATH
492X	DUE TO		20		0						1
Conditions, if an	w which \										
gove rise to im	mediate (DUE TO										
lying cause lost.	he under:										
	ER SIGNIFICANT CON	DITIONS C	errheter		NOT RELATED TO	THE TERMIN	NAL DISEASI	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
PART II. OTHER SECURITY 200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A			RIBE HOW INJURY		D. (Enter noture o	of injury in P	ort I or Pari	II of item 18.)			<u> </u>
20c. TIME OF INJURY Have o. m. p. m.	Month, Day, Yes	While	Not while	20e. PL fa	ACE OF INJURY (ectory, street, office	Home, form, e bldg., etc.	20f. (City	or town)	(C	ounty)	(State)
		at work		14 -7	3 . 02	7	100	1 5	Ç		
1	at I attended the	decease	and a		2, 1922.	, ta 12	5				he deceased
alive an	45- 20	, 19_0	and the	at death	accurred at					e date st	
ACTUAL SIGNATURE	Quest	11.1	Methon	er	. M.D	1	ADDRESS (SI	feel, city or town,	elle,	7	DATE SIGNED
PHYSICIAN'S NAME (Type) 4	ERNES	TH	4, DET	TBA	IRN			Tream	Mar	1	
220. BURIAL, CREMATION	A, 226. DATE THEREC)F	22c. NAME OF CE	METERY C	OR CREMATORY		22d. LOCAT	TION (City, town,	or county)	(Stote)
REMOVAL (Specify)	11/29/59	7	mt, Hoo	e G	meteris	799.5	Woo	dsborn			md.
23. FUNERAL DIRECTOR'S			ADDRESS		17	240. REC'D	BY REGIST	RAR 246. REGI	STRAR'S SIG	NATURE	
y.c. Bar	don	Wz	Pkersvil	lee.	md.	DATENO	/ 3 0 '5	9 Cw	thung 8	Kraus	

DEATH			07221	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12546

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY h. COUNTY Frederick Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Rural Route 40 Baltomore 23 3 Va1-4 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE 2615 Dulanev Street YES NO IX 3. NAME OF DECEASED First Middle DATE Year 27 Carl Henry Jacobs DEATH November 59 (Type or print) 19 9. AGE (In years 6. COLOR OR RACE 7. MARRIED DEVER MARRIED B. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS. Hours Days Male White I905 WIDOWED [March DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland Roofer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl H. Jacobs Nettie M. Poole 2615AdDulaney Street 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes World war 7-05-57124 Roland Jacobs Baltimore 23.Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Puncture lacerations of the heart minutes IMMEDIATE CAUSE (o) DUE TO minutes Fractured sternum and ribss Conditions, if ony, which) gove rise to immediate cause DUE TO (o), stoling the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPSY PERFORMED? YES DO NO I 200. EXTERNAL CAUSE WAS PRIMARY 15 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) The auto that he was in ramed into back trailor truck Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Md (Stote) 20c. TIME OF INJURY 20f. (City or town) (County) foctory, street, office bldg., etc.)
Route 40 White Not white of work 12 Nr Myersville Frederick. 21. I certify that I took charge of the remains described above, held an Autopsy \$\infty\$, Inspection \$\infty\$, Inquiry \$\infty\$, and find that death resulted from: Natural causes . Accident X, Suicide . Homicide . Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER November 28.1959 **EXAMINER'S** DEPUTY MEDICAL EXAMINED NAME (Type) B.O. Thomas. M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ETHODIS DORSE 23_FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 1 Colony & Frances

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CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (If gutside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Liamsville Ijamsville d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? R.F.D. jamsville YES NO IX NAME OF Middle Lost 4. DATE Month Year DECEASED Koehler S. Marietta (Type or print) DEATH 59 November 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months 1872 DIVORCED | September 3. White WIDOWED TO Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Housewife none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mahala A. R. King William H. Orme WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address No None Mrs. Minnie Bussard Ijamsville. Maryland 1B. CAUSE OF DEATH [Enter only one couse per line for, (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: vareular assident IMMEDIATE CAUSE (o' **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Hour o. m. While Not while ot wark ot wark p. m. 1957, that I last saw the deceosed 21. I certify that I attended the deceased fram alive an and that death occurred at_____ _M, from the causes and on the date stated obove. DATE SIGNED ADDRESS (Street, city or town, stote) ACTUAL

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PHYSICIAN' NAME (Type)

22a. BURIAL, CREMATION,

Burial

REMOVAL (Specify)

23. FUNBRAL DIRECTOR'S SIGNATURE

Mt. Olivet Cemetery

22c. NAME OF CEMETERY OR CREMATORY

Frederick Maryland 24g. REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

(Stote)

228 N. Market Street Frederick, Maryland

22d. LOCATION (City, town, or county)

James Thomas

22b. DATE THEREOF

Nov.

Frederick, Maryland

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CERTIFICATE OF DEATH

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790	UL	CERTIFIC	AIL OF BEATT		Reg. Dist. 1	No.
1. PLACE OF DEATH o. COUNTY TO PROPERTY		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE		nstitution: Residence b	perare admission)
b. CITY OR TOWN (If autside carpo RURAL and give nearest tawn)	rate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	autside carporate limits, v	vrite RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in he OR INSTITUTION	spital, give street ac	ddress)	d. STREET ADDRESS	Spath 5	TreeT	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First	Middle	Last Land Ke	4. DATE OF DEATH	Month	Day Year
SEX 6. COLOR OF	WIDOWED	DIVORCED [11/200	9. AGE (In last birth	years IF UNDER 1 YE Manths Day	EAR IF UNDER 24 HRS ys Hours Min.
USUAL OCCUPATION (Give kind during most of working life, even in the control of the control	f retired}	and of Business or Ind Laborer	PUSTRY 11. BIRTHPLACE (State		12. CITIZEN	N OF WHAT COUNTR
. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN N	AAME		
. WAS DECEASED EVER IN U. S. ARA			INFORMANT Hospital Record	is (Same as	Address item #1)	
Canditians, if any, which gave rise to immediate case (a), stating the underlying cause last.	DUE TO (b) DUE TO (c)	lemiple.	gia, lett	-		1 day.
			UT NOT RELATED TO THE TERMI			PERFORMED? YES NO
The second of th	DEATH	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Part 1 ar Part 11 af item 1	8.)	
20c. TIME OF INJURY Month, D Hour a.m. p. m.	ay, Year 20d. INJ While at work	Not while	PLACE OF INJURY (Hama, farm factory, street, affice bldg., etc	n, 20f. (City or town)	(Caur	nty) (State
21. I certify that leatend alive on 12.	the deceased 195		1957, ta 1 th occurred at 9 P	M, fram the cau	ses and an the	
ACTUAL SIGNATURE BENNA	rd O.T	turno gr	M.D. 228 N. M.	ADDRESS (Street, city or	t. Frede	NOTE SIGN
PHYSICIAN'S BENEZION 20 PATE	THEOREM	1 hornas	545	Im include:		14.4
REMOVAL (Specify)	4. 1959.	22c. NAME OF CEMETERY	Cemetery	22d. LOCATION (City, 1)	4	Val
3. FUNERAL DIRECTOR'S SIGNATURE	1068	Church H	Fredrick BATE NO	D 8Y REGISTRAR 245	REGISTRAR'S SIGNA Cuthun 8. H	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the accumus continuous of the hospital or attending physician.

TO FUNERAL DIACTOR: After this certificate has been signed by the attending physician and completely filled in by the filed with page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 3 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hause—after death. VS A1S (4) 15M 9/55

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TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OF

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12553

CERTIFICATE OF DEATH

12550

V		Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 400 / 10dd Le Street	d. STREET ADDRESS 120 E, 5th Street CON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) FONA POAL	LEEKS 4. DATE Month Day Year OF DEATH NOV 23 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Oct 1- 1897 9. AGE (In years last birthday) Wonths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
)	JUSEPL Brooks	14. MOTHER'S MAIDEN NAME BLANCHE TIMA
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. at unknown) (If yes, give wor or dates of service)	NFORMANT LERK-ROESTLSTLST, Fred-1
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]; PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UE TO Conditions, if any, which gove rise to immediate couse (a), stoling the under- lying couse lost.	Heart Disease yo.
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work at work	ACE OF INJURY (Home, form, clary, street, affice bldg., etc.) (City or town) (County) (State)
1	21. I certify that I attended the deceased from Grey 1 alive on 12 1959, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Thou as B. STONE	n occurred at 4 ° M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED M.D. HWENT THURS ST. 1/-23-59
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE CHALLES E. HICKS Fred. M.	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 3 0 '59 Criting & Kraus

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	rederick		MARYLAND	2. USUAL RESIDENCE (VO. STATE	Where deceased	lived. If instituti b. COUNTY		before admission	
b. CITY OR TOWN RURAL ond give Thurm C		nits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		ote limits, write R	URAL ond give	nearest town)	
	PITAL (If not in hospital,			d. STREET ADDRESS	10110			e. IS RESIDE ON A FA	ARM?
3. NAME OF DECEASED (Type or print)	John	irst Wm•	Middle H •	Magaha	4. DATE OF DEATH	Nov.		Day Yes	
male	6. COLOR OR RACE white	7. MARR	DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 26,	1880	9. AGE (In years lost birthdoy) 79 yrs.	Months Do	ys Hours	24 HRS Min.
oo. USUAL OCCUPAT during most of wo Farmer	ION (Give kind of work prking life, even if retired retired	done 10b. d)	Own Rarm	ISTRY 11. BIRTHPLACE (Sto		ountry)		S.A.	UNTRY
3. FATHER'S NAME Allen	Magaha			14. MOTHER'S MAIDEN	Flook				
15. WAS DECEASED EV	/ER IN U. S. ARMED FO (If yes, give war or dates of	1. 1	- 0	Mrs. Lucy N	1. Mag	aha Th	ress urmont	t, Md.	LE!
Conditions, if gove rise to couse (o), stoting lying couse lost Part II. O	g the under-	b) (1 c) (e)	Attlice Set	ELIZIS T NOT RELATED TO THE TER	MINAL DISEASE	: CONDITION GIV	VEN IN PART 1	o) 19. WAS AU PERFORM	JTOPS'
OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. «DESC	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury i	in Port I or Port	II of item 18.)			NO [
20c. TIME OF INJU Hour o. m.	. 10	ear 20d. It While of work	Not while fo	LACE OF INVURY (Home, footory, street) office bldg.,	orm, 20f. (City etc.)	or town)	(Cou	nty)	(Stote
ofive on	that I oftended the	19 Mas A.	Love	M.D. The	PM, from the Address (Stranger)	the causes on reet, city or lown,	nd on the d	DATE STOTED OF	SIGNE 5
220. BURIAL, CREMATI	11-6-59			t Cemetery	Thu	ion (City, town, urmont,	Md.	(Stote)	
Raymond	Charles Col	er	MADDRESS Thurmont, Mo		OV 9 55	211	STRAR'S SIGN		

DATE NOV 9

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TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

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CERTIFICATE OF DEATH

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12554 Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Maryland Frederick Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) pe RURAL and give nearest town) vears Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) .d. STREET ADDRESS OR INSTITUTION Frederick Memorial Hospital ON A FARM? 108a W. Patrick St. YES NO PA pup NAME OF Middle Last November DECEASED Miller Charles William Pages (Type or print) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Haurs White Male yrs. popers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during mast of warking life, even if retired) Maryland U.S.A. Restauranteur carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Justus Miller Caroline Bicking hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Frederick, Maryland Mrs. Charles W. Miller 72 220-18-0217 No edse within 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH -PART I. DEATH WAS CAUSED BY: Shore IMMEDIATE CAUSE (a) DUE TO Ē Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark 1952 that I last saw the deceased 21. I certify that I attended the deceased fram ___, and that death accurred at 10-2 M, from the causes and an the date stated above. ADDRESS (Street, city ar tawn, state) SIGNATURE .FG e 3 shou Frederick, Maryland 228 N. Market St. M.D. NAME (Type) Dr. B. O. Thomas. Sr. 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOYAL (Specify) Frederick, Maryland Mt. Olivet Cemetery Nov. 6, 1959 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE NOV 9 Frederick, Maryland Orthur S. Thank VS A15 (4) 15M 9/58

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M	y	PLACE OF DEATH o. COUNTY Frederick MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Harford				
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN 1b Since 4-17-58			c. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest lawn)				
	-				Havre de Grace / 2 2 4 2				
90		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Odd Fellows Home			1 0			e. IS RESIDENCE ON A FARM?	
					877 Otsege Street YES NO NO				
	3.	NAME OF DECEASED (Type or print)	First MABEL	Middle L •	MORGAN	4. DATE OF DEATH	Month Novembe	Doy Year 22 17, 19 59	
/_	5.	SEX	S. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		(In years IF UNDER birthday) Months	1 YEAR IF UNDER 24 HRS.	
-	7	Female	White wipow	-	8 Jan 1883	16	yrs.		
	100	do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seli-inployed Seamstress					TIZEN OF WHAT COUNTRY?		
~	_		ed	Seamstress	Maryland		US	A	
87-23	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
		James Hopper			Sarah E. Barnes				
			yes, give wor or dates of service)		ryland Odd Fe	llows Hom	Address e (Same as	item #1)	
			Enter only ane couse per l					ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage 4 Days						L Days	
		331×	DUE TO						
0		Conditions, if any, which) (b)							
		gove rise to immediate cause (a), stating the <u>under-</u> DUE TO							
	-	lying couse lost.	(c)						
	CATION	PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE COND	ITION GIVEN IN PAR	PERFORMED? YES NO TO	
	CERTIFI								
	MEDICAL								
		21. I certify that I attended the deceased fram. Nov. 15, 1959, to Nov. 17, 1959, that I last saw the deceased							
		alive an Nov. 16, 19 59, and that death occurred at 2:30PM, from the causes and on the date stated above.							
		ADDRESS (Street, city or town, stote) DATE SIGNED							
		SIGNATURE 18 Nov 1959							
1		PHYSICIAN'S William M. Smith, M. D. Frederick, Md.							
	22	BURIAL, CREMATION		CREMATORY 22d. LOCATION (City, town, or county) (Stote)					
		BEHOVAH(Specify)	11-21-59	Angel Hill Co		1	e Grace, M		
0	23.	B. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son. Frederick, Maryla			240. REC'		246. REGISTRAR'S SIG		
1 16		TITE THE THOUSE	PROTE OF PATE T.T.	COCTTON MOTATO	LICE I - NIII	W / U 'D M	A Printed of	7 i A n Di A	

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MIDION EXAMINED CERTIFICATE OF DEATH ALL AND DESCRIPTION DESCRIPTION PERSONAL PROPERTY AND ADDRESS.

VS A1S (4) 15M 9/S8

ARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,

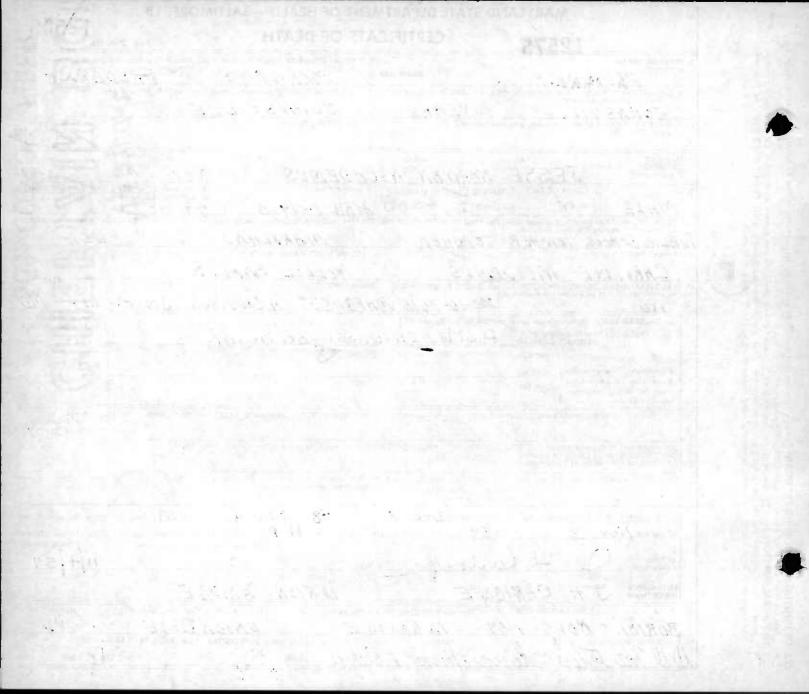
19575 CERTIFICATE OF DEATH

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12555 Reg. Dist. No.

18

1. PLACE OF DEATH	- N- D10 11	MARYLAND	2. USUAL RESIDENCE (M	Vhere deceased	ived. If instituti b. COUNTY	on: Residence	before adm	ission)
b. CITY OR TOWN	(If autside corporate limits, writ	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	outside corpora	te limits, write R	URAL and a	vive negrest to	wn)
RURAL ond give n	eorest town)	YEARS	X JOHN					100
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give str		d. STREET ADDRESS	01/21		- 15	ON	ESIDENCE A FARM?
3. NAME OF	First	Middle	Lost	4. DATE	M-		,	Yeor
DECEASED (Type or print)	JESSE	NORMAN NI	CODEMUS	OF DEATH	NOV	4	Day	1257
MALE	1.1	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH APRIL 1-19	111	AGE (In years lost birthday)	-	Days Hour	
IOa. USUAL OCCUPATI	ON (Give kind of work done 1	0b. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (Stot	te or foreign cou	ntry)	12. CITI	ZEN OF WHAT	COUNTRY
PUBLIC SCHO 13. FATHER'S NAME	rking life, even if retired)	TEACHER	MAR)	LAND			45/7	7
CARVI	HE NIPADA	-MUS	Mal LIF	SNAD	FA			
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT	MILIV	Add	ress		
(Yes, no, or unknown)	(If yes, give war ar dates of service)	220-16-3615 /	MARGARET /	YICODE!	nos J	OHN'S	VILLE	MO
	ATH [Enter only one couse pe ATH WAS CAUSED 8Y:	r line for (o), (b), and (c).]		0	F-1 W	19-11-1	INTERVAL ONSET AN	
	IMMEDIATE CAUSE (o)	Haule Cor	mory occ	lusion	_			
4-20,1	DUE TO		J					
gove rise to couse (o), stoting	immediate DUS TO							200
lying couse lost.	, (0)						Tee	
CATIC	HER SIGNIFICANT CONDITION	IS <u>CONTRIBUTING TO DEATH</u> B	UT NOT RELATED TO THE TER/	MINAL DISEASE	CONDITION GIV	EN IN PART	PERI	FORMED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING (1) 20b. [G (1) CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	n Part I or Port I	l of item 18.)			
Y 20c. TIME OF INJU Hour o. m. p. m.	Wh		PLACE OF INJURY (Hame, for foctory, street, office bldg., e	rm, 20f. (City o	or town)	(0	County)	(Stote)
	hot I attended the dece	osed from Dec 8	, 195 8 , to N	1004	, 1959	thot I lo	st saw the	deceosed
alive on No	V 3 , 19	59, and that dea	th occurred at 11	P.M. from th	ne causes or	d on the	dote state	ed obove
ACTUAL	7 71	4		ADDRESS (Stre	et, city or tawn,	stote)		TE SIGNED
SIGNATURE	A. A. C	ruoje	M.D				11/4	59
PHYSICIAN'S NAME (Type)	JH CARIC	OFE	LINION	BRIL	PGE			
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	ON (City, tawn,	or county)	(\$1	tate)
BURIAL	NOV 7- 193	9 LINGAX	RE	4110	NYILL	F	/	70
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		C'D BY REGISTRA	24b. REGI	STRAR'S SIC		
111111111111111111111111111111111111111	WILL TIAM	10, /111/1 (D)	WINGS DATE	HUN 3	33	Chillenn	& Trans	1



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2556	CERTIFICATE	OF	DEATH

Reg. Dist. N

. 12557
ore admission) BRICK
earest fown)
e. IS RESIDENCE ON A FARM? YES NO
loy Year
19 59

1. PLACE OF DEATH o. COUNTY	Frederick		MARY	rland	o. STATE Maryl		ed lived. If institution b, COUNTY		before admis derick			
RURAL and give	(If outside corporate liming neorest town) Frederick	ts, write	c. LENGTH OF STAY 3 Days	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick R. F. D. #2							
OR INSTITUTION	ITAL (If not in hospitol, of ines Nursing				/d. STREET ADDRESS Ball Road				e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	LULA	st	Middle VIRGIN		PEOMROY	4. DATE OF DEATH	Mon Novem		Doy 2	Year 19 59		
5. SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRI		April 1, 1	.875	9. AGE (In years lost birthdoy)	Months Do	YEAR IF UND	ER 24 HRS. Min.		
during most of we	ION (Give kind of work orking life, even if retired SEWOPK	done 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPLACE (Stote Maryla		country)		SA	COUNTRY		
13. FATHER'S NAME	James Jenk	ins			14. MOTHER'S MAIDEN N	NAME Eliza	beth Wad	dle				
15. WAS DECEASED EV (Yes, no. or unknown) NO	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO		r. Andrew J.	Peomr	oy; (sam	en as i	tem #2)		
The second secon	EATH (Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	, Es	ne for (o), (b), and (c).	Le	mon be	ze			INTERVAL BI			
Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which to the distribution on the distribution of the distribu	Ca	un Se	a	· . (Chr			10 3			
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PART 1	(o) 19. WAS PERFO YES	DRMED?		
	YAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of injury in	Port I or Po	rt It of item 18.)					
20c. TIME OF INJU Hour o. m. p. m.	10	or 20d. I While of wor	NJURY OCCURRED Not while of work		CE OF INJURY (Home, form lory, street, office bldg., etc		y or town)	(Cou	inty)	(Stote)		
21. I certify to alive an	that I attended the	, 12_5			occurred at 8:15	AM, fro	m the causes a Street, city or town, saints Str	nd on the stote)	date state	deceased ed abave ATE SIGNED		

Dr. U. G. Bourne. Jr. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 11/5/59

Frederick, Maryland 22d. LOCATION (City, town, or county)

> Frederick, Maryland 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son; Frederick, Maryland

ADDRESS

Mt. Olivet Cemetery

Cithan S. Frank

(Stole)

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		12557		CERTIF	-ICA	TE OF DE	AII			Reg. C	Dist. No).	
7	PLACE OF DEATH o. COUNTY Free	lerick		MARYL	AND	2. USUAL RESIDEN	ce (Wi		d lived. If institu b. COUNT	· v	ence beforeder		ion)
	b. CITY OR TOWN (If RURAL ond give ne Free	outside corporate lim grest town) lerick	its, write	c. LENGTH OF STAY IF		c. CITY OR TOW	,	ick	rote limits, write	RURAL ond	give ne	arest town	*)
	d. NAME OF HOSPITA	est 12th S	ive street treet	oddress)		d. STREET ADDR		12th	Street				FARM?
	NAME OF DECEASED (Type or print)	Pinkney	rst All	Middle en Richard	son	Last		4. DATE OF DEATH	Novemb	onth er 19	De		Year 19 59
5.	Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED ED DIVORCED	_	February	8,	1874	9. AGE (In year lost burthdoy) yr:	Months		Hours	R 24 HR Min.
10a	during most of work	N (Give kind of work ing life, even if retired nief Judge	1)	KIND OF BUSINESS OR Phans Cour		TRY 11. BIRTHPLACE Maryl			ountry)	12. CI		WHAT C	OUNTRY
13.	James A	• Richards	on			14. MOTHER'S MA			Collins	3			
	WAS DECEASED EVER	IN U. S. ARMED FOI If yes, give war ar dates of		SOCIAL SECURITY NO.		s. Nellie	Per	rsson	1 W. 12	dress 2th St	. Fr	ed.	Md.
NO	Conditions, if or gove rise to in couse (o), stoting the lying couse lost. PART II. OTH	n mediote he <u>under-</u>		enebral	CL TH BUT	NOT RELATED TO TH	E TERM	larra INAL DISEASI	E CONDITION G	GIVEN IN PA	ART 1(0)	19. WAS	AUTOPS'
CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED). (Enter noture of inj	jury in	Port I or Por	t II of item 18.)				NO 🔀
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Ye	While		20e. PLA foc	CE OF INJURY (Hom tory, street, office blo	ne, farm dg., etc	n, 20f. (City	or town)	-	(County)		(Stote
~	21. I certify the alive an 22	of I attended the	decease 19	sed fram. May	h,	, 1953, 1 occurred at 25	م لند	ADDRESS (Si	the causes of treet, city or town	n, stote)	he dat	DAT	d abave re signe 20-3
220	BURIAL, CREMATION REMOVAL (Specify) Entonbment	33 00 0		22c. NAME OF CEMET		crematory	rk		TION (City, town			(Stot	e)
23.	FUNERAL DIRECTOR	Lest En	Elley	ADDRESS Frederic	k, N	aryland DA	a. REC	D BY REGIST	PRAR 24b. REC	GISTRAR'S S			

may be retained by the haspital ar ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. r death. Page 4 TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL

VS A15 (4) 15M 9/5B

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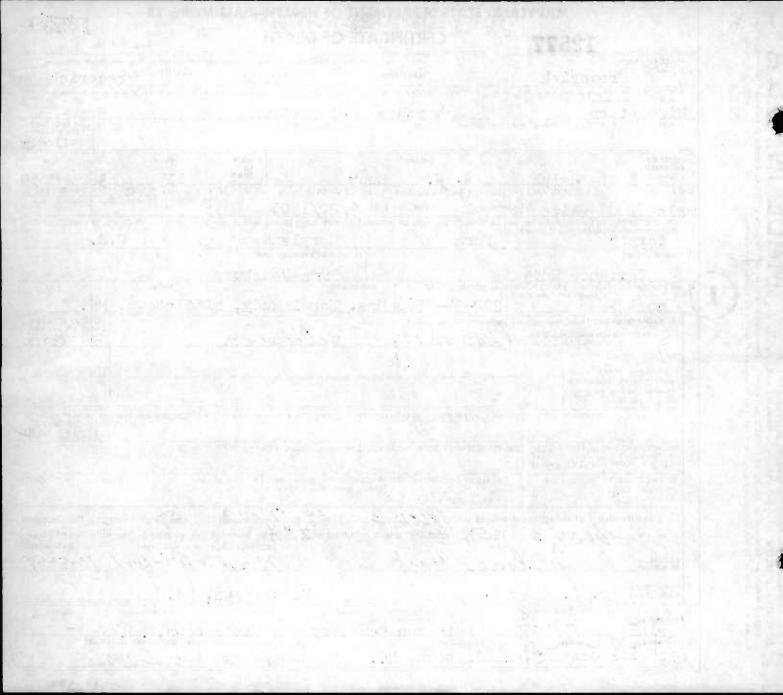
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				Keg. L	list. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W			ence befare admission)
Frederick	MARYLAND		land "."	COUNTY	rederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limit	s, write RURAL ond	give nearest tawn)
Middletown	4 years	X Middleto	wn		
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Ralph	Middle R. W. Ri	lost 1dV	4. DATE OF DEATH	Month	Day Year 3 19 50
5. SEX 6. COLOR OF RACE 7. MARK male white WIDOW		B. DATE OF BIRTH 9/22/1905	9. AGE	In yeors IF UNDE Months yrs.	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12.CI	TIZEN OF WHAT COUNTRY
during most of working life, even if retired) farmer f	Carm	Marylan	ıd	1	U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Lawrence Rudy		Emma Re	msburg		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 1	NFORMANT	III D D U L B	Address	
(If yes, give war or dates of service)	20-34-0586 M	rs. Naomi R	udv. Mid	dletown	Md.
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse lost. Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse lost. Column 11. OTHER SIGNIFICANT CONDITIONS (c)	CONTRIBUTING TO DEATH BUT	NIGT BELATED TO THE TERM	NINAL DISEASE CONDI	TION GIVEN IN DA	PT 1/01/19 WAS AUTOPSY
ICATIO			9150		PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port II of ite	m 18.)	
70 20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 While of wor	Not while for	ACE OF INJURY (Home, far ctory, street, office bldg., et	m, 20f. (City or town)	aulia	(County) (Stote)
21. I certify that I attended the decess olive on	-	M.D	M, from the car ADDRESS (Street, city Maddel	uses and on the or town, state)	last saw the deceased the dote stated obove DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d. LOCATION (Cit) (State)
burial 3/5/1959		emetery	Middlet		
23. FUNERAL DIRECTOR'S SIGNATURE Cladhill Company. Mid	ADDRESS Idletown, Md			24b. REGISTRAR'S	
Or compound & Line	THE COUNTY PIL	• DATE O	V 6 '59	arthur S.	Thank

funeral directar, uld ber filled with TO HOSPITAL O. TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of may be retained by the hospital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 shot the registror priar to burial, crematian, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FICATE O	F DEATH	Reg. Dist. No.	-
			1256

		125	78	CERTIFICA	AIE OF D	EAII	1		Reg. D	ist. No),	0	
)	1. PLACE OF DEATH o. COUNTY FT	ederick		MARYLAND		aryla		lived. If institution b. COUNTY	b. COUNTY Frederick				
ì	b. CITY OR TOWN RURAL and give Buckeys		ts, write	c. LENGTH OF STAY IN 15	II.		outside corpor	ate limits, write R	URAL ond	ond give nearest town)			
		ITAL (If not in hospital, g	ive street	address)	d. STREET A							SIDENCE FARM? NO (A)	
	3. NAME OF DECEASED (Type or print)	ADA	sf	Middle ESTELLE	SCHAEF		4. DATE OF DEATH	Man No	ovemb	oer :	,	Yeor 19 59	
	5. SEX Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED TO	8. DATE OF BIRTH		100	9. AGE (In years last birthday) of yrs.	Months Months	_	Haurs	ER 24 HRS. Min.	
	10a. USUAL OCCUPAT during most of wo Operator	ION (Give kind of work orking life, even if retired (Retired)	done 10b.	KIND OF BUSINESS OR INDU		yland		untry)		ITIZEN O	OF WHAT	COUNTRY	
	13. FATHER'S NAME Newton R	. Schaeffer			14. MOTHER'S Eliza		Stone						
I	(Y) NO DECEASED EV	ER IN U. S. ARMED FOR It yes, give war or dates of s			nformant oger S. S	chaet	ffer (S	Addi		#1)			
_		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	(P)	rolealely	à male	gno	ency	(4)		INT	ERVAL BE SET AND	TWEEN DEATH	
	Canditians, if gave rise to	immediate Dus To	,u	Malend	Irae	l,	wie	th Slu	elel		3 4	ars.	
0	lying couse tost. (c) Scandary aulune												
	OR CONTRIBUTION	AS UNDERLYING DEATH G DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature at	injury in	Part I or Part	It of item 18.)					
	20c, TIME OF INJU Haur o. m. p. m.		While	NJURY OCCURRED 20e. Pt Not while k al work	ACE OF INJURY II ctary, street, office	lame, farn bldg., etc	n, 20f. (City	or tawn)		(County)		(State)	
	21. I certify to alive on 2	hat Lattended the 9 Was	deceas	ed fram Marchi 19, and that death mley		3:30A	M, from	eet, city or town,	and an	the do	ite state	ed abave	
	Itanuc (13ba)	Charles H.			Frede	rick,							
	Burney (Specif		OF .	Mount Olivet			Frede	rick, Ma	ryla	nd	(Stat	e)	
	23. FUNERAL DIRECTO	r's signature chison & Sor	n, Fr	ederick, Maryl	and	240. REC	D BY REGISTI	_	strar's s				

may be retain the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 snauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OF VS A15 (4) 15M 9/55

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19561

12558	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	deceased lived. If institution b. COUNTY	ni Residence before admission) derick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		ide carporate limits, write RU	
Frederick	2 days	X Rural-	Myersville	
d. NAME OF HOSPITAL (If not in haspital, give street ac OR INSTITUTION Frederick Memoria		d. STREET ADDRESS Route #	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Faris	E. Middle Sm	1th 1011 4	DATE Month OF DEATH NOV	Day Year 19579
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
male white widowed	DIVORCED [March 29, 18	80 (gat birthday) yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Kl during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY?
	Ge. Farm	Frederick		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Josiah Smith		Ellen F		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		INFORMANT	Addre	
no n	one IIr	s.Clarence Le	wis, Myersv	ille, Ma.
18. CAUSE OF DEATH [Enter only one cause per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		un thron	boris	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b)	to	+ 1/act	- de :	5 4
gave rise to immediate	- ACOUNT	a pen	or season	grat
lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES 1 NO 10
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port	t I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour a. m. While p. m. 19 While at work	Not while fi	PLACE OF INJURY (Home, form, actory, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)
21. I certify that I attended the deceased	from. 11/10	, 1959, to 11	112 , 1959	that I lost saw the deceased
alive on 11/12 , 19 5				d on the date stoted obove
01/	1		DRESS (Street, city or town, st	
SIGNATURE ACTOR OF	have	M.D. 4 E, (h	urch st	11/12/59
PHYSICIAN'S HEARY V. (hase	Freds	oricle.	116
PEMOVAL (Specify)	22c. NAME OF CEMETERY		d. LOCATION (City, tawn, or	caunty) (State)
Burial Nov.15, 1959	St. Mark's	Lutheran W	Volfsville, F	red.Co.Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 PEC'D B	Y PEGISTRAP 246 PEGIST	PAR'S SIGNATURE

TO HOSPITAL OF VS A15 (4) 15M 9/55

Bittle, Myersville,

Md DATE NOV 1 6 '59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12562

1255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased tived. If Institution, Residence before admission) b. COUNTY Howard c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Day Year 19 59 November 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days YES. 12. CITIZEN OF WHAT COUNTRY? II.S.A 14. MOTHER'S MAIDEN MAYET tle Johnson Address Virgie Dorsey, Mt Airy, Md. INTERVAL BETWEEN ONSET AND DEATH martea PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO [

DATE NOV 1 6 159

DATE SIGNED

(Stote)

8.1959

VS. A15ME(5) 5M 9/55

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death. Page 4 filed with uneral directar, TO HOSPITAL O ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs and be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12560

CERTIFICATE OF DEATH

12563

Reg. Dist. No

1. PLACE OF DEATH o. COUNTY	rederick	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Marvl		ed. If instituti b. COUNTY			sion)
-	If outside corporate limits, we earest town)	vrite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		limits, write R	URAL ond give	nearest town	n)
OR INSTITUTION	TAL (If not in hospitol, give		/ d. STREET ADDRESS	est Thir	d Stree	et	ONA	SIDENCE A FARM?
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mor			Year
(Type or print) S. SEX Female		MARRIED NEVER MARRIED DIVORCED	homas 8. Date of Birth 3-27-1891	DEATH 9. /	NOV • AGE (In years ost by thirdoy) O yrs.	IF UNDER 1 YE Months Day	AR IF UND	-
Oa. USUAL OCCUPATION		106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIG				OF WHAT	COUNTRY
3. FATHER'S NAME	C. Thomas		14. MOTHER'S MAIDEN	Thomas		100	Te:	2.16
	R IN U. S. ARMED FORCES (If yes, give wor or dates of service	l la	o J.S. Thomas		College		Frede	rick-
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony, which mmediate DUE TO	generalize Jeneralize	d arteri	chases	u sis		ONSET AND	DEATH ALS
CATIC		ons <u>Contributing to death</u> but				VEN IN PART 1(c	PERFC	AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II	of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.			ACE OF INJURY (Home, fo ctory, street, office bldg.,		town)	(Coun	ity)	(Stote
ACTUAL SIGNATURE	Clusic E. Or. Melvin E.	1959, and that death	accurred al:50I	M, fram the ADDRESS (Street Merick Me	causes and city or town, dical (od on the do stote) Center	ate stated	decease d abave TE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify Burial	22b. DATE THEREOF	22c. NAME OF CEMETERY CO Mt. Olivet Ce		22d. LOCATION	City, town,	or county) Maryl	(Sto	te)
23. FUNERAL DIRECTOR	's SIGNATURE Singley + Si	ADDRESS Frederick- Md.		C'D BY REGISTRAR		STRAR'S SIGNA		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1.5.3	And the second of the second o	

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15M 9/55

Frederick. Md INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO TO (County) (State) 21. I certify that I attended the deceased fram. ...that I last saw the deceased and that death occurred at 241 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Kevsville Cemetery Keys vil le arro 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Thurmont. Md. Raymond Creager E. DATE NOV 2 3 '59 arillar S. France

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e. IS RESIDENCE ON A FARM? YES NO

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Day

U.S.A.

OF DEATH	12561 CERTIFICATE
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1-	2,2000						Keg. Dist.	140.	
1.	PLACE OF DEATH o. COUNTY Fredbick	MARYLAND	2. USUAL RES a. STATE	Mary]	ere deceased live	ed. If institution b. COUNTY		before odr deri	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		TOWN (If a	utside carporate	limits, write R	URAL and giv	e nearest t	own)
	rural Ijamsville d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Rights Hospital	oddress)	d. STREET		St.			10	RESIDENCE N A FARM?
3.	NAME OF First DECEASED (Type or print) ROSE	C.L. Middle	Waters	ost L	4. DATE OF DEATH	Nov.		Doy 6	Year 19 59
S.	Female 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT			GE (In years ost birthday) yrs.	Months De	YEAR IF UN	
	a. USUAL OCCUPATION (Give kind af wark dane 10b during mast of warking life, even if retired) hhousekeepe r	Own Home		yland	_	γ)	12. CITIZE	U.S	· A ·
13.	Joseph Jones		14. MOTHER'						
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	INFORMANT	Rose	Ritt	Add	ress		
(4)	es, no or unknown) (If yes, give wor or dates of service)	None H	ospital	Reco	ords				
Z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Canditians, if any, which (b) (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH RE	T NIOT PELATED T	O THE TERMIN	NIAI DISEASE CO	MUNITION CIV	VEN INI DADT 1	(a) 10 W	AS ALITOPSY
CERTIFICATION							LIN IIN FAKI I	PER	FORMED?
	20g. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature	af injury in P	art I ar Part II o	of item 18.)			
MEDICAL	Hour a.m. While	f.	LACE OF INJURY actory, street, affic			awn)	(Cau	unty)	(Stote
	21. I certify that I attended the decear alive an Nov 59, 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	sed fram May 9, and that deat M.D.	h accurred at	9.80	ADDRESS (Street	causes an		date stat	
	BURNAL, CREMATION, 22b. DATE THEREOF 11-9-59	22c. NAME OF CEMETERY OF United Br		Cem.	22d. LOCATION Thur	(City, tawn,			itate)
	FUNERAL DIRECTOR'S SIGNATURE Ray mond E. Creager	ADDRESS Thurmont.	Md.	24a. REC'E	DRY BEGISTERS	24b. REG!	STRAR'S SIGN	Thank	410

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the funeral directar, should be filed with law requires that the death certificate be executed within 24 haurs

campletely filled in by the papers. Pages 1 and 2 sha after death attending physician and Then please remave carban may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit. the registrar priar to burial, crematian, ar remaval, and in any

TO HOSPITAL VS A1S (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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							Reg. Dist.	. 140.	
1. PLACE OF DEATH o. COUNTY	rederick		MARYLAND	2. USUAL RESIDENCE (Wo. STATE Walkersv		lived. If institution b. COUNTY			mission)
b. CITY OR TOWN (RURAL and give of	If outside corporate limi earest town) erick	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	a landa	ole limits, write R	URAL ond giv	re nearest t	lown)
OR INSTITUTION	TAL (If not in hospitol, quality derick Memo		Hospital	/ d. STREET ADDRESS				01	RESIDENCE N A FARM? NO NO
3. NAME OF DECEASED (Type or print)	fir HARF		/ Middle	VILHIDE Vost	4. DATE OF DEATH	Mon 1	1	Day 7	Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARR	DIVORCED	8. DATE OF BIRTH Sept 22-187		9. AGE (In years loss birthdoy) yrs.		YEAR IF U	NDER 24 HRS. urs Min.
100. USUAL OCCUPATION during most of world market m	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDI Roofing	USTRY 11. BIRTHPLACE (Siele Maryl		untry)		S.A.	HAT COUNTRY?
13. FATHER'S NAME Otto	C. Wilhid			14. MOTHER'S MAIDEN		izabeth	Eyler		
15. WAS DECEASED EVE [Yes, no. or unknown)	R IN U. S. ARMED FOR Iff yes, give war or dates of s	and the same	social security No. 17. 16-09-4833	INFORMANT Murray Wilhid	le	Walker		MD	
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (, Co	ngative my	cardiel faily	e spul	mary C	rete	48	Month Dyeur
ICATIC				IT NOT RELATED TO THE TERM			VEN IN PART I	PE	AS AUTOPSY REORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port 1 or Port	It of item 18.)			
20c. TIME OF INJUS Hour o. m. p. m.	RY Month, Doy, Ye	While		PLACE OF INJURY (Home, farm octory, street, office bldg., etc.		or town)	(Co	unty)	(State)
21. I certify the alive an	JAMES E.	deceas , 19 5 Fon STONE	and that deat	M., 1948, ta h accurred at 6:3 m.p. Wall		the causes of set, city or town,	and an the		he deceased lated abave, DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify)		OF)	22c. NAME OF CEMETERY	OR CREMATORY		ION (City, town, oderick	ar county)	<u></u>	State)
23. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS Walkersville		NOV 1 0		STRAR'S SIGN	NATURE	

TO HOSPITAL O VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2581	CERTIFICATE	OF DEATH
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Reg. Dist. 12568

1. PLACE OF DEATH o. COUNTY Fre	ederick		MARYLAND	a. STATE	Maryla	and	ed. If instituti b. COUNTY			ssian)
b. CITY OR TOWN RURAL and give Braddock		its, write	Since 5-17-58		_	outside corporate			e nearest taw	rn)
OR INSTITUTION	PITAL (If not in hospital, o			d. STREET		rick Jur	nction		ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fi MIR	IAM	Middle JOANNA	YASTE	st	4. DATE OF DEATH	Mor	ember	Doy	Yeor 1959
5. SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT		9.	AGE (In years last birthday) 94 yrs.	Manths D	YEAR IF UND	T
10a. USUAL OCCUPAT during most of we House—W	arking life, even if retired	dane 10b.	KIND OF BUSINESS OR IND At Home	2.5	yland	ar foreign count	(у)		EN OF WHA	T COUNTRY
13. FATHER'S NAME				14. MOTHER'S						
Thomas	Dixon				y A. F	Rhine				
15. WAS DECEASED EN (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of			ixon A.	Yaste,	605 F Balti	lymout more 2	H"Road	,	
Canditians, if gave rise to cause (a), statin lying couse last	g the under-))	Untertinal Exhaustion	ohtm n DT NOT RELATED TO	Chr.	NAL DISEASE CO	ONDITION GIV	/EN IN PART 1	24 (a) 19. WAS	eure AUTOPSY
PART II. O	VAS UNDERLYING HG CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature o	of injury in I	Port I or Port II	ol item 18.)			ORMED?
	JRY Manth, Day, Ye	ar 20d. I While at wor	Not while	PLACE OF INJURY lactary, street, affic	lHame, farm e bldg., etc.	20f. (City or	tawn)	(Ca	unty)	(Stote)
alive on	that I attended the Nov. 13 H. L. Fahrn	-, 12 2	ed from May 1	м.D. 17 Е	10:15	St.	he causes o	state)	date stat	ed obave
	100, 226. DATE THEREO		22c. NAME OF CEMETERY Reformed Ce	OR CREMATORY		22d. LOCATION	town, 1		(Sto	ite)
23. FUNERAL DIRECTO		, Fre	ADDRESS ederick, Maryl		240. REC'I	D BY REGISTRAR V 1 6 '59	24b. REGI	STRAR'S SIGN	IATURE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, TO